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## Institutional Negligence: The AIDS Crisis in 1980s America

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**Institutional Negligence: The AIDS Crisis in 1980s America**

**by**  
**Alison Patterson**  
**HIS 490 History Honors Thesis**

**Department of History**  
**Providence College**  
**Fall 2017**



*Dedicated to my late friend Dylan W. Konakowitz, who dreamed of becoming a history teacher.*

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## INTRODUCTION

In April of 1981, Dr. Michael Gottlieb, an assistant professor in immunology at the University of California, became familiar with all symptoms of *Pneumocystis carinii* pneumonia (PCP). Within a few months, five homosexual men in Los Angeles all displayed symptoms of swollen lymph nodes, fevers, weight loss, and candidiasis. Each patient's health continued to deteriorate, despite treatment for the pneumonia, and two of the five patients had died by May of 1981. Due to the abrupt outbreak of the disease, the common homosexual lifestyle of the patients, and the rare fatalities produced, Dr. Gottlieb determined he had uncovered the beginnings of an epidemic. In order to get his findings published and introduced to the medical community, Dr. Gottlieb submitted an article with details on each of the patients to the Center for Disease Control's (CDC) weekly newsletter, the *Morbidity and Mortality Weekly Report (MMWR)*. The report was published in June of 1981 and served as the first data collected on what would become Acquired Immune Deficiency Syndrome (AIDS).<sup>1</sup>

Due to the concern raised in the June *MMWR*, the CDC developed a task force to investigate the PCP outbreaks. Along with the evidence already found in Los Angeles, doctors in New York City began reporting unusual outbreaks of a cancer, called Kaposi's Sarcoma (KS), in

<sup>1</sup> Randy Shilts, *And the Band Played On: Politics, People, and the AIDS Epidemic* (New York: St. Martin's Press, 1987) 62-68.

young homosexual males. Kaposi's Sarcoma made itself visible through purple or brown lesions on the patient's skin. Typically, Kaposi's Sarcoma affected elderly men instead of the youthful patients diagnosed in New York City, which caused doctors to ponder the rarity of the outbreak. Due to the rising numbers of homosexual PCP and KS patients, CDC epidemiologists began to look into the lifestyles of these men: "The typical KS and PCP patients had had hundreds of partners, most drawing their contacts from gay bathhouses and sex clubs, the businesses whose profits depended on providing unlimited sexual opportunity." Based on the overly active sexual habits of early-identified KS and PCP victims, epidemiologists concluded that the unexplained cancer and pneumonia were sexually transmitted. By 1982, the CDC reported that 251 Americans had contracted the disease and 99 had died. The rise in cases and deaths of the homosexuals infected provoked some scientists to give the disease its first name, Gay-Related Immune Deficiency Syndrome (GRID).<sup>2</sup>

However, some of the cases did not involve homosexuals at all. Instead, intravenous drug users showed signs of PCP, but not KS, supporting the alternative theory of a blood-borne disease. "A virus like hepatitis B could spread sexually among gay men and be transmitted through blood contact among intravenous drug users." With this possibility, the CDC turned its attention to blood banks and those in need of blood transfusions. In June of 1982, the CDC reported the first hemophiliac diagnosed with GRID. "With the advent of hemophiliac cases, Jim Curran [epidemiologist and director of AIDS research at the CDC in Atlanta] argued that any references to 'gay' or 'community' should be dropped and something more neutral be adopted. Somebody finally suggested the name that stuck: Acquired Immune Deficiency Syndrome." The use of the

<sup>2</sup> Shilts, 86, 121.



word “acquired” suggested that the syndrome was not congenital, but acquired from an outside source, even though the source could not be identified. As the CDC worked to find the cause of the disease, other labs and institutes also began to pay attention to the epidemic. European countries also saw the spread of the disease, as numerous countries, such as France, Switzerland, and Portugal, reported cases of an unusual pneumonia.<sup>3</sup> At the end of 1982, the casualties from the disease reached over 300 deceased in the United States and 160 diagnosed in Western Europe.<sup>4</sup>

Dr. Robert Gallo, of the National Cancer Institute (NCI) in Bethesda, Maryland, and Luc Montagnier, of the Pasteur Institute in Paris, France, each sought to isolate the source of the outbreak within their respective labs by searching for a retrovirus. Retroviruses use RNA as their genetic material to integrate into the DNA of a host cell, which allow the retrovirus to replicate and attack more cells within its victim.<sup>5</sup> Due to AIDS’ long incubation period, both Gallo and Montagnier predicted a retrovirus would pinpoint the cause of AIDS. The finder would earn credit for its discovery, while also taking one of the most crucial steps in fighting the epidemic. Therefore, a race for the discovery of the cause of AIDS between the Americans and the French began. Gallo had made progress in December of 1982 in linking his work on Human T-cell Leukemia virus (HTLV) to the AIDS virus, but true success was evident when Montagnier discovered a virus called lymphadenopathy-associated virus (LAV) in 1983. The research from

<sup>33</sup> Avert, “History of HIV and AIDS Overview,” *Global Information on and Education on HIV and AIDS*, accessed February 18, 2018, [https://www.avert.org/professionals/history-hiv-aids/overview#footnote10\\_yycxbc8](https://www.avert.org/professionals/history-hiv-aids/overview#footnote10_yycxbc8).

<sup>4</sup> Shilts, 83, 171, 201.

<sup>5</sup> U.S. Department of Health and Human Services, “HIV/AIDS Glossary, *AIDS Info*, accessed February 25, 2018, <https://aidsinfo.nih.gov/understanding-hiv-aids/glossary/634/retrovirus>.

the Pasteur Institute seemed promising, as scientists could demonstrate that LAV preceded the onset of AIDS.<sup>6</sup> Finding a vaccine and controlling the epidemic would be the next step. Unfortunately, the Pasteur Institute received little attention from Americans for their findings. Politics played a large role, as American scientists felt loyal to Gallo and what his research might accomplish. By 1984, Gallo also claimed he found a retrovirus, similar to LAV, which he named HTLV-III. As a compromise, the International Committee on Taxonomy of Viruses renamed the isolated HTLV-III/LAV retrovirus Human Immunodeficiency Virus (HIV), giving the credit to both labs.<sup>7</sup>

With the discovery of the viral cause, scientists were confident in their understanding of the spread of the disease. In 1983, the CDC released an *MMWR* stating that AIDS did not appear to spread through casual contact. The creation of antibody testing conducted by the CDC and the National Cancer Institute (NCI) reassured the medical community that the epidemic only affected the previously afflicted communities. Antibody testing allowed those at risk of contracting AIDS to check if their blood harbored HIV and added protection to the nation's blood supply from possible HIV positive donors. From a scientific standpoint, the heterosexual population had little reason to panic about contracting the disease, but the public still debated how AIDS spread from person to person. Despite certainty from the medical community, the biggest fear among heterosexuals remained the transmission of the disease through casual contact.

A large part of the issue was the media's lack of coverage of the AIDS outbreak, which allowed for the spread of misinformation. Other sudden outbreaks of diseases and infections within

<sup>6</sup> Shilts, 73, 202, 435.

<sup>7</sup> C. Everett Koop, *Koop: The Memoirs of America's Family Doctor* (Grand Rapids: Zondervan Publishing House, 1992) 252.

the United States received more immediate and extensive attention. For example, in 1976, 34 people who had attended an American Legionnaires Convention in Pennsylvania died of an unidentified infectious disease. Due to the intense coverage within newspapers and on television, doctors and members of the CDC raced to uncover the source of the sickness. Twenty epidemiologists, the largest group in CDC history, traveled to Pennsylvania in order to solve the mysterious outbreak. Within six months of the discovery of the disease, the CDC found the bacteria responsible for the deaths and promptly named the disease Legionnaires.<sup>8</sup> The front-page treatment devoted to Legionnaires disease attracted the public's interest, as numerous media outlets published images of American Legionnaires' flag-draped coffins. Members of Congress also started paying attention by providing more money for research. In comparison, the media's response to the AIDS epidemic completely contrasted with the reaction to Legionnaires disease. Instead of publicizing AIDS' already rising death toll, the media hardly mentioned anything about the new epidemic. When newspapers, such as *The New York Times*, published articles about the epidemic, they failed to mention homosexuals as the most afflicted group. Members of the CDC that held positions on the AIDS task force expressed their confusion with the media's refusal to cover the disease. As more Americans developed AIDS symptoms and succumbed to the disease, doctors thought it only a matter of time until society started paying attention.<sup>9</sup>

Not only was the media ignoring the epidemic, but the CDC also faced a new political reality in Washington, adding another obstacle to fighting the disease. The AIDS crisis hit during the height of the conservative revolution in American politics and Ronald Reagan, one of the

<sup>8</sup> Lawrence K. Altman, "In Philadelphia 30 Years Ago, an Eruption of Illness and Fear," *The New York Times*: August 1, 2006.

<sup>9</sup> Shilts, 101, 110.

revolution's largest proponents, assumed the presidency in 1980. Reagan's emphasis on traditional values and plans to cut federal spending hindered the health department's ability in fighting the epidemic. For example, in 1981, the Reagan administration had already slashed the CDC's budget by over \$1 million. The lack of funding hurt the general preparation of government agencies to respond effectively to a possible health hazard. Until the AIDS crisis, government agencies other than the CDC, such as the National Institutes of Health (NIH), had not been expected to act quickly in response to an epidemic. The NIH lacked the coordination and urgency to allocate funds for researchers outside of the government to study the disease.<sup>10</sup> As epidemiologists wrestled with the scientific uncertainty surrounding the crisis, policy makers in both Congress and the Reagan administration avoided viewing AIDS as a prominent health threat to Americans. Instead, it became a disease that affected already stigmatized groups, which made it easier for people within government, including President Reagan, to avoid grappling with the crisis. The traditional values that President Reagan's conservatism advocated for and brought to the White House clashed with fighting a disease that mostly attacked homosexuals and drug abusers. Some Americans viewed the epidemic as a result of the excesses of the 1960s finally receiving their day of reckoning with conservative power at its peak. The rise of the New Right coalition within the Republican Party made support for these conservative views and opinions possible.

### **The Rise of the New Right**

Known as the decade of American greatness, the 1950s seemed to represent a consensus of satisfaction for all white, middle-class Americans. The conclusion of World War II proved that America was a superior military power and the wartime economy sustained efficiency and

<sup>10</sup> Christopher H. Foreman, *Plagues, Products, and Politics* (Washington D.C.: The Bookings Institution, 1994), 117.

productivity. Consumers felt it was their patriotic duty to buy American goods, and industries – such as auto, housing, and television – responded to the demand for spending. Even though Americans expressed contentment with their new lifestyles, anxiety due to the Cold War loomed in their minds. A sense of uncertainty about the future contrasted with the prosperity that most suburban families were experiencing. African American activism and the beginnings of the Civil Rights Movement also contrasted feelings of satisfaction during the 1950s, as they brought numerous inequalities to all of society’s attention. The booming economy and the successes of the Civil Rights Movement provided support for a growing liberal idea that the government could solve economic and social issues. Lyndon B. Johnson’s ‘Great Society’ campaign in the 1960s preached that the government should provide a base level for the equality of opportunity for all Americans, but this involved sacrificing part of the individualism associated with the American dream. The Great Society involved an array of programs seeking environmental change, improvements in health care, school reforms and an end to the excesses of big business. Johnson’s plan resulted in the creation of Medicare in 1965 and funding to public schools under the Elementary and Secondary Education Act of 1965. Efforts for a Great Society stimulated optimism in defining American entitlements, despite clear divisions in race, class, and gender.<sup>11</sup>

Following the successes of the Civil Rights Movement, other groups began their own liberation movements in the 1960s. The Women’s Liberation Movement sought to free women from the traditional constraints of the home and motherhood. The publication of *The Feminine Mystique* by Betty Friedan in 1963 opened many women’s eyes to the frustrations of domesticity and society’s neglect of female talents outside of the home. One of the largest problems for middle-

<sup>11</sup> James T. Patterson, *Grand Expectations* (New York: Oxford University Press, 1996), 568 and 592.

class, middle-aged women was their inability to enter the workforce with equal opportunities. Founded in 1966, the National Organization for Women (NOW) served as a civil rights agency fighting against employment discrimination and advocating for childcare services. Once women realized that they were not alone in feeling like second-class citizens, they banded together and used activism to do something about it, such as pushing for ratification of the Equal Pay Act of 1963 and the addition of Title IIV to the Civil Rights Act of 1964 for the prohibition of sex discrimination by private employers. Due to NOW's refusal to address women's reproductive rights, younger women developed groups all across the country to make their liberation as personal as it was political. Issues such as birth control, abortion, and sexual liberation, became the focus of numerous demonstrations in Washington D.C., New York City, and Chicago.<sup>12</sup> Sixties women dared to challenge the social norms of their time in order to usher in a second-wave of feminism in United States.

The success of women's liberation led to a sexual revolution that affected more than just the heterosexual population. Homosexuals also began to experience a sense of liberation and a new openness toward sexual relations. Yet, they still faced criminalization under sodomy laws and stigmatization as mentally ill according to the American Psychiatric Association. As Mark Harris, author of *Pictures of a Revolution*, states, "I think gay men got sort of sick and tired of seeing the quote unquote revolution going on all around them while they were being vilified and kept to the margins. Something is always going to light the spark." That spark ignited in 1969 when police officers raided the Stonewall Inn, a homosexual club in Greenwich Village, New York. The patrons and employees of the inn responded to the roughness of the police by staging an all-out

<sup>12</sup> Rosalyn Baxandall and Linda Gordon, "The Women's Liberation Movement," in *Women's America: Refocusing the Past*, ed. Linda K. Kerber, Jane Sherron De Hart, Cornelia Hughes Dayton, and Judy Tzu-Chun Wu (New York: Oxford University Press, 2016), 713-714.

riot lasting for six days.<sup>13</sup> The riots demonstrated that homosexual men were also willing to fight for their own rights and liberation. A few weeks after the riots, homosexual activist Michael Brown created the Gay Liberation Front (GLF) to serve as a consciousness-raising group in various cities across the country. In 1970, the GLF staged the first gay pride rally in Central Park to protest laws deeming homosexuals acts between consenting adults illegal.<sup>14</sup> Within four years of the Stonewall rebellion and the creation of the GLF, the American Psychiatric Association removed homosexuality from the Diagnostic and Statistical Manual of Mental Disorders.<sup>15</sup> The success of these groups and their respective movements confirmed that American society entered a period of social change arising from extreme activism.

With the creation of this new social landscape for Americans, reactionary groups emerged to express their unease with these socially liberal changes. Americans discomfited by the expansion of government, the increase in federal spending on social programs, and the new liberation movements formed a radically conservative coalition within the Republican Party. This conservative movement established its foundation in the early 1960s under Republican Arizona Senator Barry Goldwater. Goldwater openly expressed his agitation with the movement away from traditional American values and became known as a right-wing zealot. In 1964, Goldwater seized the presidential nomination from the moderate Republican Party establishment. At the Republican National Convention, Goldwater acknowledged his extremism in his nomination acceptance

<sup>13</sup> David Carter, *Stonewall* (New York: St. Martin's Press, 2004), 140.

<sup>14</sup> Mary Jo Murphy, "New York's First Gay Pride Parade," *The New York Times*, June 15, 2015: C25.

<sup>15</sup> CNN, "The Sixties: The Times They Are A-Changin'," *Netflix*, accessed October 19, 2017, <https://www.netflix.com/search?q=the%20ei&jbv=80128317&jbp=0&jbr=0>.

speech “I would remind you that extremism in the defense of liberty is no vice.”<sup>16</sup> Radical right-wingers, who felt alienated from the rest of the Republican Party, flocked to his support. Goldwater’s advocacy for fighting anti-communism through the use of nuclear weapons and his inability to denounce extremist groups, such as remaining Ku Klux Klan members, furthered his reputation as an unpredictable candidate.<sup>17</sup> As a result, Goldwater lost the election in a landslide to Democratic candidate Lyndon B. Johnson.

Although conservatives did not gain the Oval Office, Goldwater energized conservative Americans who had a growing resentment toward government and this changing America. “The potent combination of an audacious countercultural lifestyle and often unruly political rebellion appeared alien and immoral to many Americans, leaving those with traditional values bewildered, confounded, and angry.”<sup>18</sup> Conservative rhetoric appealed to people in fear over the new challenge to traditional gender roles and possible American military weakness. Goldwater brought these issues to the forefront, but he was not the ideal image for the conservative movement. In order for a conservative to reach the White House, all factions of the movement needed to mobilize in support of one leader.

In addition to motivating far right-wing conservatives, Goldwater’s campaign brought a new star to the conservative movement. Ronald Reagan served as the co-chairman of the California Committee for Goldwater and delivered numerous speeches in support of Goldwater’s campaign.

<sup>16</sup> Peter Schweizer and Wynton C. Hall, ed., *Landmark Speeches of the American Conservative Movement* (Texas: Texas A&M University Press, 2007), 39.

<sup>17</sup> CNN, “The Sixties: The Times They Are A-Changin,” <https://www.netflix.com/search?q=the%20ei&jbv=80128317&jbp=0&jbr=0>.

<sup>18</sup> Jules Tygiel, *Ronald Reagan and the Triumph of American Conservatism* (New York: Pearson, 2006) 113.



In October of 1964, Republican activists Henry Salvatori and Holmes Tuttle taped Reagan delivering a speech on behalf of Goldwater in front of a studio audience. NBC then played the tape on prime-time television. Reagan's speech, called "A Time for Choosing," sold a new brand of conservatism more than it sold Goldwater for the presidency.<sup>19</sup> Introducing himself as a former Democrat, Reagan attacked big government as one of the nation's main problems. "This is the issue of this election. Whether we believe in our capacity for self-government or whether we abandon the American revolution and confess that a little intellectual elite in a far-distant capital can plan our lives for us better than we can plan them ourselves."<sup>20</sup> While Reagan's speech could not salvage Goldwater's campaign, his political debut added to the determination felt by conservatives after the 1964 election. Through his speech, Reagan successfully established himself as a conservative force and a viable candidate as the figurehead of conservatism.

In 1965, over forty wealthy Republicans formed "The Friends of Ronald Reagan" to financially sponsor a possible Reagan candidacy for governor of California. In order to do so, Reagan had to perfect his conservative message and distance himself from the extremist persona of Barry Goldwater. The campaign pushed for California as 'The Creative Society,' asserting the following: "Big government, however, through its high taxes and wasteful welfare spending, had blunted this creativity. Unchained from these restrictions, a glorious future would unfold for California. This uplifting message proved a perfect match for the preternaturally upbeat and optimistic Reagan, redefining conservatism in the process." The optimism of Reagan propelled him to victory in the 1966 California Gubernatorial election. Reagan's win signified a new

<sup>19</sup> Tygiel, 99,-100.

<sup>20</sup> Schweizer ] Hall, 43- 44.

coalition within the Republican Party. Beyond social conservatism, his message appealed to both traditional conservatives and working-class Democrats. “Campaigning as an outsider and a representative of hard-pressed, white middle – and working – class Americans, he had helped transform the message of conservatism from an ideology of the privileged elites to one with a populist base.” Reagan’s rhetoric promoted the image of working people as victims of high taxation in order to support the lower classes and emphasized the problems with sacrificing individualism. For many Americans, Reagan offered a desirable future.<sup>21</sup>

As Reagan’s first term as governor progressed, he had few notable successes. Yet he sustained his conservative popularity by continually challenging the threat of the radical left. Reagan markedly put down University of California, Berkeley free speech protests and condemned the Black Panther Party, which appealed to his right-wing base. Given his growing popularity, the possibility of a presidential candidacy did not seem out of reach and Reagan had a brief run in the 1968 election. Withdrawing in deference to the inevitability of a Richard Nixon Republican nomination, Reagan went on to serve two terms as governor of California, during which he continued to hone his conservative message. Historian and author Jules Tygiel explained that by the end of his second term, “Reagan had waged war against forces of the New Left, black militants, and the counterculture and had won acclaim for his steadfast defense of anti-communism and traditional values. These issues would become the bedrock of the conservative resurgence of the 1970s and 1980s.”<sup>22</sup> Reagan’s California governorship allowed him to gain more political experience and prove that he could successfully serve in an elected office.

<sup>21</sup> Tygiel, 111-118.

<sup>22</sup> Tygiel, 126, 131.

While still governor of California, Reagan already decided to enter the future presidential race of 1976. Reagan assumed that after President Nixon completed his two terms in office, an opportunity to enter the White House would present itself. Nixon's presidential campaign attracted many conservative sympathizers, as he used race to dismantle the Democratic coalition and attacked cultural elites. White southerners and northern blue-collar workers joined the Republican Party as the "silent majority," representing the non-demonstrators and forgotten citizens of Middle America.<sup>23</sup> Nixon was successful in expanding the conservative movement, but as president he governed much more liberally. John Micklethwait and Adrian Wooldridge, authors of *The Right Nation*, explain, "Nixon was the first president to embrace affirmative action, mandating its extension to women as well as blacks. Both federal spending and federal regulation grew faster under Nixon than they had under Johnson. Social spending overtook defense spending for the first time. Much of this went down well with the American public, but for the right-wing intelligentsia, it was a calamity."<sup>24</sup> Once news of his association with the break-in of Democratic National Committee Headquarters at the Watergate office building went public, the conservative movement viewed Nixon as a false hope. Conservatives refused to remain optimistic as Gerald Ford assumed the presidency, following Nixon's resignation in 1974, with his middle-of-the-road style of governing. Thus, the Watergate scandal disrupted Reagan's plans, as he faced an incumbent presidential candidate in Ford.

As Ford finished his first two years as president, Reagan constantly traveled the country to gain large amounts of exposure. Reagan faced unsettling odds, as no incumbent president had lost

<sup>23</sup> Tygiel, 134.

<sup>24</sup> John Micklethwait and Adrian Wooldridge, *The Right Nation* (New York: Penguin Press, 2004) 70.

his party's nomination since 1884. Regardless of history, Reagan challenged Ford for the Republican nomination. Author of *The Age of Reagan* Steven Hayward described Reagan's campaign platform as a criticism of government power, "In his announcement speech at the National Press Club in Washington, Reagan attacked government for its destructive dominance of the economy: 'Government at all levels now absorbs more than 44 percent of our personal income. It has become more intrusive, more coercive, more meddlesome and less effective.'"<sup>25</sup> Through the course of the campaign, Reagan lost early primaries, but he continued to attack Ford's foreign policy as weak, referred to him as a liberal sell out for appointing Nelson Rockefeller to his administration, and criticized his wasteful deficit spending.<sup>26</sup> Yet Reagan's biggest asset involved his ability to address a crowd and speak with charisma and eloquence. In comparison, Ford's speeches came off as clumsy and inarticulate in the age of broadcasting. As more primary races unfolded and caucuses came to a close, Reagan proved to be a formidable opponent, as neither man had enough delegates to ensure the nomination.

As the final ballots at the Republican Party's National Convention came in, Reagan narrowly lost the nomination to Ford by only 117 delegates. In response to Ford's nomination, Reagan's supporters staged a demonstration on the floor of the convention that lasted for hours. Historian Dan Carter explains the mood felt by the Republican Party: "By the end of that convention, it's clear that although Gerald Ford may be the nominee, Ronald Reagan's won the

<sup>25</sup> Steven F. Hayward, *The Age of Reagan* (New York: Crown Forum, 2009) 451.

<sup>26</sup> Kimberly R. Moffitt and Duncan A. Campbell, ed., *The 1980s: A Critical and Transitional Decade* (Lanham, Maryland: Roman and Littlefield Publishers, INC., 2011) 22.

hearts and minds of conservatives.”<sup>27</sup> Reagan’s Republican nomination challenge did great damage to Ford in the presidential election against Democratic nominee Jimmy Carter. Many Americans, still shaken from Watergate, grew skeptical of big government and Washington insiders. Carter marketed himself as the citizen politician, for he was only previously governor of Georgia for one term starting in 1971. Voters viewed Carter as the more attractive candidate because they had never heard of him before. Thus, Carter beat Ford in the 1976 election and took on the role as redeemer of the country’s uncertain state.

As these political events unfolded in the 1970s, the liberation movements of the 1960s started to see their successes coming to an end due to the mobilization of the opposition. In 1972, the Senate and the House passed the Equal Rights Amendment (ERA) stating, “Equality of rights under the law shall not be denied or abridged by the United States or by any state on account of sex.” Congress granted seven years for the amendment to be ratified by three-fourths of the states.<sup>28</sup> A year later, the 1973 *Roe v. Wade* Supreme Court decision legalized abortion and gave women the right over their own reproductive systems. The possible passage of the ERA and the legalization of abortion was a victory for the Woman’s Liberation movement, but it also inspired social and religious conservatives to join forces in fighting against these successes. Historian Tim Naftali succinctly describes the changing tides of the decade. “In the 1970s, there’s enormous amounts of change that looks like you’re gonna get an Equal Rights Amendment. Gays are no longer considered to be mentally ill. *Roe v. Wade* legalizes abortion. There is a sense that it’s just

<sup>27</sup> CNN, “The Seventies: ‘The State of the Union is Not Good,’” *Netflix*, accessed March 1, 2018, <https://www.netflix.com/search?q=the%20seventi&jbv=80030186&jbp=0&jbr=0>.

<sup>28</sup> Donald T. Critchlow, *Phyllis Schlafly and Grassroots Conservatism: A Woman’s Crusade* (New Jersey: Princeton University Press, 2005) 216.

gonna be more and more individual freedom. And then it stops.”<sup>29</sup> Conservatives combined their loathing of the ERA with the abortion issue and, in doing so, converted evangelicals to the conservative movement. The New Right was now a coalition of social, economic, and religious influences.

The push back from the conservative movement against the countercultural tendencies of the 1970s would not have been possible without the activism of people like Phyllis Schlafly and Jerry Falwell. Schlafly, an educated married woman with children, created a large grassroots movement to oppose the ERA. She believed that women held the most privileged position in society and the ERA was an assault on the traditional roles of womanhood. Schlafly’s mobilization of STOP ERA supporters combined with conservative evangelicals to defeat the ERA in 1978. Jules Tygiel describes the formation of this conservative and religious coalition, “The rise of a highly politicized religious right accelerated the nation’s drift from liberalism. The Christian movement, strengthened by the popularity of flamboyant televangelists, focused on the lifestyle issues, many of them stemming from the rise of women’s rights and feminism and the sexual revolution encouraged by the countercultural proclivities of the 1960s.” Jerry Falwell, a conservative televangelist, created the Moral Majority in 1979 to serve as a political lobbyist group for evangelical Christians.<sup>30</sup> Falwell and members of the Moral Majority worried the nation suffered from an ethical decline and the Christian Right needed to enter the political sphere to stop these radical liberation movements. The Moral Majority quickly became a reliable segment of the

<sup>29</sup> CNN, “The Seventies: Battle of the Sexes,” *Netflix*, accessed March 1, 2018, <https://www.netflix.com/search?q=the%20seventi&jbv=80030186&jbp=0&jbr=0>.

<sup>30</sup> Tygiel, 135-136.

Republican Party as conservative politicians like Reagan recognized the benefits of creating an alliance with such a group.

As the first term of the Carter presidency neared its end, the last four years were short of American success and prosperity. Carter entered the presidency with little political experience, which appealed to American voters as an asset. However, it soon became obvious that he failed to work well with members of Congress and mishandled foreign affairs. Carter faced a host of other problems, including an American economy suffering from inflation, an energy crisis, and Middle Eastern turmoil. As his approval ratings continued to deteriorate, Carter planned to address the nation concerning the economy and the energy crisis affecting the gasoline supply and prices all over the country. On July 15, 1979, President Carter delivered his “Crisis of the American Spirit” speech. He explained:

It’s clear that the true problems of our Nation are much deeper – deeper than gasoline lines or energy shortages, deeper than inflation or recession. I want to talk to you right now about a fundamental threat to American democracy. It is a crisis of confidence. The symptoms of this crisis of the American spirit are all around us. For the first time in the history of our country a majority of our people believe that the next 5 years will be worse than the past 5 years.<sup>31</sup>

Carter delivered his address in the form of a sermon to the American people, but analysis of the speech by opinion writers picked apart his idea of a crisis of confidence within the body politic. Americans did not feel a crisis of confidence in themselves, as Carter suggested, but a crisis of confidence in the president. The final blow to the Carter administration came in November of 1979 when Iranian militants infiltrated the American embassy and took 52 Americans hostage.

<sup>31</sup> Robert Griffith and Paula Baker, ed., *Major Problems in American History Since 1945*, 3<sup>rd</sup> ed. (Boston: Houghton Mifflin Company, 2007) 353-354.

On November 13, 1979, Ronald Reagan officially announced his plan to seek the Republican nomination for the presidency. The country needed a sense of optimism and a new beginning. Reagan's message and image were the epitome of these feelings, as he used the New Right to secure easily the Republican Party's presidential nomination. Historian Douglas Brinkley explains the conservative forces that came together to back Reagan, unlike any other conservative before him. "Between '76 and '80, Reagan's building a coalition, bringing in Christian fundamentalists and law and order Nixonian people. Reagan's realizing in order to sell the conservatism, you got to do it with a smile and you've got to do it in a way that makes people feel good, not scold them."<sup>32</sup> Reagan became the face the New Right searched many years for, as a conservative coalition finally banded together in support of their perfect candidate. Carter's incompetence in handling the economy and the Iranian hostage crisis combined with Reagan's promise to "make America great again" convinced Americans to support tax reform, deregulation, and more military power. In a debate one week before the 1980 election, Reagan capitalized on the turmoil of the 1970s, as he asked Americans, "Are you better off than you were four years ago?"<sup>33</sup> The 1980 presidential election resulted in a landslide win for Reagan and the New Right finally brought a true conservative to the White House. A year later, the AIDS epidemic began to afflict the homosexual population. This minority group's way of life specifically clashed with conservative beliefs and led to a stalled response from different institutions expected to combat the epidemic.

### **Dimensions of the AIDS Crisis**

<sup>32</sup> CNN, "The Seventies: 'The State of the Union is Not Good,'" <https://www.netflix.com/search?q=the%20seventi&jbv=80030186&jbp=0&jbr=0>.

<sup>33</sup> Tygiel, 142.



Previous works on the history of the AIDS crisis are somewhat inconsistent in describing what social and political actions allowed the epidemic to progress. The majority criticizes the Reagan administration due to the budget cuts affecting federal health agencies and the neglect in speaking out about the epidemic. Nancy Krieger, an epidemiologist, and Glen Margo, director of AIDSCOM, survey the various areas of inaction in *AIDS: The Politics of Survival*. For example, “Rather than spear heading a massive risk-reduction education campaign or providing sufficient funds for both research and drug treatment centers, the Reagan administration has offered a program based on repression and denial.”<sup>34</sup> Most secondary sources on the history of AIDS mimic Krieger and Margo’s statements that Reagan’s actions were not sufficient. In *And the Band Played On*, journalist Randy Shilts compares the response to Toxic Shock Syndrome with the response to AIDS: “Once Toxic Shock Syndrome hit the front pages, the heat was on to find the answer. Within months of the first *MMWR* report, the task force had discovered the link between tampons and the malady.”<sup>35</sup> The difference between these two medical scares concerned attitudes towards their respective victims. He concludes that the response to the AIDS epidemic was definitely hindered due to prejudice against homosexuals. Other academics also blame members of government, the media, the medical community and AIDS patients themselves for their role in the epidemic.

On the other hand, most of the histories praise former Surgeon General C. Everett Koop. Koop is typically viewed as the one member of the Reagan administration who advocated for the health of the country, rather than as the spokesman for the administration. For example, in *AIDS*

<sup>34</sup> Nancy Krieger and Glen Margo, ed., *AIDS: The Politics of Survival* (New York: Baywood Publishing Company, 1994) 31.

<sup>35</sup> Shilts, 110.

*and the Policy Struggle in the United States*, political scientist Patrica D. Siplon describes Koop's rejection of the Reagan administration's right-wing mentality. "Faced with a no-win situation, Koop eventually threw caution to the wind and allied himself with former foes (who had bitterly and vocally opposed his nomination as surgeon general.)" Koop's efforts involved implementing sex education within schools and distributing condoms, even as he remained a major advocate for abstinence. In 1988, Koop sent out pamphlets entitled "Understanding AIDS: A Message from the Surgeon General" to 107 million Americans. While this massive mailing proved to be the most positive action from the Reagan administration concerning AIDS, those preaching for abstinence viewed Koop as a traitor.<sup>36</sup> However, none of these works explains how Koop circumvented the Reagan administration's lack of AIDS policy and tackled the issue from a medical perspective.

Krieger and Margo explain this question by dismissing Koop's actions during his fight against AIDS. Instead they offer the view that Koop's research on AIDS was an effort to protect government health agencies from criticism for inaction. They state, "what prompted the usually right-wing Surgeon General C. Everett Koop to issue his October 1986 report on AIDS...? It wasn't any sudden scientific breakthrough, but rather the pressing political need to scoop the Institute of Medicine of the National Academy of Science's forthcoming scathing critique of the government's 'dangerously inadequate' response to AIDS."<sup>37</sup> Therefore, they describe Koop as not genuine in his efforts to combat AIDS and also assign him some blame in the failure to fight the epidemic.

<sup>36</sup> Patricia D. Siplon, *AIDS and the Policy Struggle in the United States*, (Washington D.C.: Georgetown University Press, 2002) 70.

<sup>37</sup> Krieger and Margo, 25.

While the Reagan administration receives the majority of the blame, other critics focus on Congress and local government leaders. Researchers Randy Shilts and Patricia Siplon cite specific conservative senators and representatives who added to the discrimination felt by homosexuals and drug users with the disease. Siplon describes the conservative views echoed through Congress, specifically in regard to sex education for youths to prevent the spread of AIDS. For example, “conservative Republican Jesse Helms opened a national debate over how best to prevent the spread of HIV with a passionate appeal to his colleagues on the Senate floor. Indignant with anger, he waved a comic book that had been written and distributed by GMHC [Gay Men’s Health Crisis] in New York City. The book depicted a casual but ‘safer’ (that is, condom-using) sexual encounter between two men.”<sup>38</sup> It was these types of speeches within Congress that made any effort to provide government-funded AIDS education to the public difficult. Liberals or Democrats in Congress were more likely to make public statements about the seriousness of AIDS, specifically Representative Henry Waxman of California. *And the Band Played On* quotes one of Waxman’s public statements on the political positions controlling AIDS: “I want to be especially blunt about the political aspects of Kaposi’s Aarcoma,’ Waxman said. ‘This horrible disease afflicts members of one of the nation’s most stigmatized and discriminated against minorities.”<sup>39</sup> Shilts references Representative Waxman as someone with government power who sought to fight the disease in its very early stages of discovery.

Again, Krieger and Margo offer a contrasting view that the more progressive members of government were not working to fight AIDS in service of the homosexual community. Instead, their work was to protect the economic interests that AIDS would damage. Krieger and Margo

<sup>38</sup> Siplon, 67.

<sup>39</sup> Shilts, 143.

explain, “this sector cannot be counted upon to develop or to implement a consistently progressive or even scientific AIDS policy. This is because they are not motivated by the interests of those most afflicted by or at risk of getting AIDS, but rather are seeking to protect the economic health of the corporate class.” While representatives from badly hit states like New York and California were vocal, the majority of representatives knew about the severity of the disease but were not particularly interested in helping the homosexual community. Overall, Krieger and Margo conclude that most liberal members of Congress were silent during the early years of the epidemic, which proved too late for many AIDS patients.

Another controversial aspect of the AIDS epidemic was the religious response to the disease. Several scholars assume a disease that typically affected homosexuals received no support from religious groups due to their condemnation of homosexual behavior. This view was true in specific cases. For example, in *The AIDS Epidemic*, sociologist William A. Rushing states, “Jerry Falwell, president of Moral Majority, was one of the first to claim, at a news conference in July of 1983, that AIDS was divine punishment – God was ‘spanking’ gays for their sins.”<sup>40</sup> This attitude was common but not universal in religious circles. Despite the continued condemnation of homosexuality, some Catholic, Episcopal, and interfaith religious groups professed a sense of compassion. For example, *Fighting for Our Lives* described the revolutionary position of Rev. Paul Moore, Episcopal Bishop of New York and a member of the State AIDS Advisory Committee. Moore stated, “Never in recent history has an epidemic brought such fear to the people of New York...let it be strongly stated that AIDS is not God’s vengeance upon the homosexual

<sup>40</sup> William A. Rushing, *The AIDS Epidemic: Social Dimensions of and Infectious Disease* (Boulder: Westview Press, 1995) 171.

community.”<sup>41</sup> The religious response proved to differ as AIDS spread throughout the country and the world. These differing positions added to the political fervor of the disease by making it easier for the public to take sides on the issue.

The final issue that scholars cite for the fight against AIDS was the apparent lack of media attention given to the epidemic. Due to the lack of government attention, journalists did not take the epidemic seriously. In *Covering the Plague: AIDS and the American Media*, author James Kinsella states how the tone for AIDS coverage was set: “Every surge of AIDS coverage at almost every newspaper, magazine, or TV and radio station came when the disease seemed to move closer to the individual newsmakers or to the people journalists perceive as their audience.”<sup>42</sup> As events such as the death of actor Rock Hudson and the story of teenage hemophiliac Ryan White developed, AIDS coverage increased, but usually produced inaccurate information. Therefore, the public mood concerning the disease remained one of unnecessary fear and imprecise knowledge. *Inventing AIDS* explains this media tendency: “With a flood of preliminary and often conflicting studies, mainstream reporters with more desire for a breaking story than knowledge of AIDS research reported on whatever data caught their fancy.”<sup>43</sup> Without a trustworthy source of AIDS information being published outside of the medical community, the Reagan administration had a scapegoat for inaction in the media.

### **Description of Project**

<sup>41</sup> Susan M. Chambre, *Fighting for Our Lives: New York's AIDS Community and the Politics of Disease* (New Brunswick: Rutgers University Press, 2006) 60-61.

<sup>42</sup> James Kinsella, *Covering the Plague: AIDS and the American Media* (London: Rutgers University Press, 1989) 4.

<sup>43</sup> Cindy Patton, *Inventing AIDS* (New York: Routledge, 1990) 28.

Overall, previous scholarship published on the AIDS crisis has also sought to assign blame to the various institutions that control American society. Whether it was the lack of media attention, the Reagan administration, or other social factors, historians and critics have blamed numerous characters in AIDS history for their lack of action. This study avoids placing blame on a single actor or institution and, instead, explains how the bureaucratic process allowed for avoidance of the epidemic. Partisanship also played a large role in the responses of the government, as those placed in government and health agency jobs worked for a conservative Republican administration. Reagan assumed the presidency with the help of the New Right and he remained loyal to his base of supporters. Coalitions of the New Right, such as the Moral Majority, voiced their anti-homosexual opinions in regard to AIDS, but Reagan personally did not seem to hold the same views. Reagan grew up with a strong Christian faith that influenced his platform on traditional family values. However, in 1978, he voted against and publicly denounced Proposition 6, which sought to bar homosexuals from teaching in schools in California. Reagan opposed the law as an excess of government intervention in the lives of Americans. He claimed that a child determines their sexuality at a very young age and the sexuality of a teacher has no influence. Disapproving of the proposition was not an effort to achieve political gain, for Reagan spoke out against Proposition 6 with pure personal conviction.<sup>44</sup>

In understanding this detail of Reagan's background, the influence of the New Right on the Reagan administration becomes apparent. A deeper understanding of the AIDS epidemic is necessary because it exemplifies how political issues can take priority over American lives. Historically, the AIDS crisis was the worst American epidemic in terms of the number of deaths.

<sup>44</sup> Gerald Magliocca, "Ronald Reagan and Gay Right," *Concurring Opinions*, accessed April 23, 2018, <https://concurringopinions.com/archives/2010/10/ronald-reagan-and-gay-rights.html>.

Yet members of the government ignored the CDC's findings and pleas for funding in order to hold off from taking action on the issue and risk offending Reagan supporters. The media followed suit, as it looked to the Reagan administration to determine what was newsworthy. Finally, President Reagan turned to Surgeon General C. Everett Koop to address the epidemic in 1986 with the *Surgeon General's Report on Acquired Immune Deficiency Syndrome* and he publicly spoke about AIDS himself for the first time in 1987 at the American Foundation for AIDS Research (AMFAR) banquet. Past scholarship has referenced Reagan's untimely effort to address the epidemic, but it does not provide an explanation of the president's motive or any factors that led him to action. This paper asserts that President Reagan used Koop and his speech at the AMFAR banquet to give the impression that he realized the gravity of the epidemic but put minimal effort forth into fighting it. In doing so, Reagan walked a fine line between angering conservatives and appeasing those waiting for the president to make a statement about the epidemic. Thus, the various institutions and actors involved in the history of the AIDS epidemic should not be blamed for what they did and did not do. Instead, the strong partisanship that controlled the bureaucratic makeup of the Reagan administration and various health agencies allowed for the AIDS epidemic to plague the 1980s as a silent killer of homosexuals, intravenous drug users, and hemophiliacs.

This paper will survey three specific institutions: the media and the responses of AIDS afflicted groups, the branches of the United States government, and the role of Surgeon General C. Everett Koop as a health agent to the public. In detailing the different aspects of the AIDS crisis, it was apparent that a lack of attention and resources was devoted to the epidemic. First, the media ignored the gravity of the disease, as the toll of AIDS-related deaths continued to rise. Communities ravaged by the disease, specifically homosexuals, expressed their anger and anxiety over the absence of media attention when compared to past epidemics that received a

great deal of coverage. Secondly, members of Congress and the Reagan administration exemplified efforts of action and inaction. For example, California Democratic Congressman Henry Waxman fought for funding for AIDS research, while the Reagan administration continued to cut federal spending for health agencies equipped to combat the epidemic. Thirdly, within his memoirs, Surgeon General C. Everett Koop recounts his own struggles to bypass the Reagan administration and speak out on proper AIDS prevention. While the purpose of any memoir, such as Koop's 1992 autobiography, is to paint the author in the best possible light, contemporary evidence of Koop's actions largely back up his account. In discussing these institutions in three successive chapters, this work will highlight how social, government, and medical responses to a health issue can be influenced by partisanship and result in inadequate action.



## **MEDIA AND VICTIM RESPONSES TO THE AIDS EPIDEMIC**

After the publication of the *MMWR* on PCP in June of 1981, major news outlets were lacking in their coverage on the disease. *The New York Times*, a major example of adequate news coverage for other newspapers and news stations, only published one article on the growing epidemic in July of 1981; the *Times*' next article would not come for another 11 months. Some CDC workers and gay community leaders such as Larry Kramer, founder of the gay activist organization ACT UP and the Gay Men's Health Crisis (GMHC), felt that the lack of media

attention was due to the victims being homosexual.<sup>45</sup> A *Wall Street Journal* piece supported this theory with a February 1982 article entitled “New Often-Fatal Illness in Homosexuals Turns Up in Women, Heterosexual Males.” Despite the largest group of AIDS victims being homosexuals, the *Wall Street Journal* found a heterosexual angle to present their story. For example, the article stated, “Federal disease experts say they have received reports of nine women and 23 heterosexual men developing the strange illness. These are in addition to 207 cases of the illness in male homosexuals reported to the federal Centers for Disease Control in Atlanta during the past 7 months.”<sup>46</sup> The statistics on homosexual cases heavily outweighed the instances of heterosexual AIDS cases, yet the disease was not covered unless written about as a heterosexual issue.

Television stations were also slow to air coverage on AIDS. CBS News was one of the first television stations to broadcast an AIDS story in June of 1982. Anchorman Dan Rather began the segment with the statement, “Federal health officials consider it an epidemic. Yet, you rarely hear a thing about it. At first, it seemed to strike only one segment of the population. Now Barry Peterson tells us this is no longer the case.” Rather’s opening statement showed that those working in media were aware of the limited publicizing of information on AIDS, even though they acknowledged the seriousness of the disease. The CBS report continued to interview Bobbi Campbell, who served as the first face of AIDS as a gay man who was fighting for survival. In the newscast, Campbell continued to push his image of positive thoughts and will to live. Also interviewed was Larry Kramer, who voiced his opinion on why Americans were not aware of the disease. Kramer explained, “There are more lives claimed, victims claimed than Toxic Shock and

<sup>45</sup> Shilts, 109.

<sup>46</sup> Jerry E. Bishop, “New Often-Fatal Illness in Homosexuals Turns Up in Women, Heterosexual Men,” *The Wall Street Journal*, February 25, 1982: 8.

Legionnaire's disease combined, and yet most of the country doesn't know about this cancer." The interviewer asked, "Why?" and Kramer continued, "Well I think because it's a gay cancer."<sup>47</sup> Kramer's thoughts specifically stated the perception that people within the CDC and gay community had of the media bias against the victims of AIDS. The issue was whether the news report would grab the attention of those who were unfamiliar with the disease and persuade them to want to fight AIDS.

The faces ascribed to AIDS through the media over the course of the 1980s captured specific communities affected by the disease. The first person to publicly admit to having the disease was Bobbi Campbell, a San Franciscan and one of the first AIDS activists. "So Bobbi Campbell, the sixteenth diagnosed case of the gay diseases in San Francisco, decided to launch his own personal crusade to heighten awareness, proclaiming himself to be the 'KS Poster Boy.'<sup>48</sup> Campbell continued his crusade by putting up posters on Castro Street, the sight of numerous gay bathhouses, with pictures of his Kaposi Sarcoma lesions to capture the attention of other homosexuals. The attention and active fight against AIDS that Campbell inspired was made possible through his speeches, nightly news appearances, and founding of People with AIDS San Francisco in 1982. The gay community rallied around Campbell as their example of strength in fighting AIDS until his death in 1984.<sup>49</sup>

<sup>47</sup> "Early CBS Report on AIDS," *Youtube*, accessed September 13, 2017, <https://www.youtube.com/watch?v=X23vKiBE88E>.

<sup>48</sup> Shilts, 108.

<sup>49</sup> "Bobbi Campbell," *Find a Grave*, accessed September 13, 2017, <https://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=108441074>.

Outside of the gay community, other Americans did not see AIDS affecting a familiar face until July of 1985 when actor Rock Hudson announced he was suffering from the disease. The question that engrossed media outlets all over the country was how did Hudson acquire AIDS? *The New York Times* excerpted the statement from Hudson's publicist. "Asked how the actor acquired the disease, which most frequently strikes homosexuals, intravenous drug users and recipients of blood transfusions, Miss Collart said, 'He doesn't have any idea how he contracted AIDS. Nobody around him has AIDS.'"<sup>50</sup> Hudson's denial of his homosexuality demonstrated to help the image of AIDS for the homosexual community. Finally, there was a face for AIDS that was not an open and explicitly homosexual case. After Hudson's public diagnosis, AIDS became the center of attention for the country's news networks. Journalist Randy Shilts explained Hudson's impact on the media, "For instance, in 1985 ABC did four AIDS stories before the July 25 Hudson revelation, and twenty-eight after." All types of media attention surrounding Hudson changed the perception of AIDS from then on. He had personified the all-American male on the movie screen and suddenly he was the model for a disease of outcasts. Most doctors and AIDS researchers agree in stating that the Hudson AIDS announcement was the most crucial moment in the history of the epidemic.<sup>51</sup>

More importantly, AIDS victims hoped that Hudson's illness would provoke a response from the consistently silent Reagan administration. Unfortunately, Reagan dashed their hopes as he avoided commenting on AIDS as the cause of Hudson's deteriorating health. In July of 1985, the Mobilization Against AIDS (MOB), a lobbying organization to protect the civil rights of AIDS

<sup>50</sup> "Hudson Has AIDS, Spokesman Says," *The New York Times*, July 26, 1985: C3.

<sup>51</sup> Shilts, 579.

victims, held a press conference to beg President Reagan to make a statement concerning the disease “now that he, like the gay men of San Francisco, had a friend who was dying of AIDS.” MOB director Paul Boneberg stated, “The president’s silence on AIDS is deafening. Still, he has not said one word about the disease.”<sup>52</sup> Even as AIDS began to affect a close friend of Reagan, he refused to speak out about the seriousness of the disease. The AIDS community remained dumbfounded in what it would take for the president to finally acknowledge the epidemic. It would be two more years before another Hollywood friend, Elizabeth Taylor, would successfully convince Reagan to address the AIDS issue by asking Reagan to bestow her with an award at the American Foundation for AIDS Research gala in 1987.

In October of 1985, Hudson succumbed to his disease and joined the long list of names that had died from AIDS. Despite the turning point that Hudson’s death created for coverage of the epidemic, it overshadowed all those that had come before him. ABC reporter George Strait stated, “Rock Hudson was the first one [person with AIDS] we all knew and cared about.”<sup>53</sup> This media message catered to a heterosexual crowd, as Hudson most likely was the first person that heterosexual people knew of with AIDS. However, this was due to the previous lack of media coverage and not the rarity of the disease. As much as the homosexual community and drug users were thankful for Hudson’s coming out about his AIDS, they also felt a sense of disregard for other AIDS victims. Gay activist Cleve Jones recalled, “It was so ironic when Rock Hudson got on the cover of *People Magazine*, they said ‘now we’re all at risk’ really? You pick this one closet

<sup>52</sup> Shilts, 579.

<sup>53</sup> Kinsella, 144-145.

case from Hollywood and you focus on him.”<sup>54</sup> Those battling AIDS did not understand why American citizens started paying attention to the epidemic after one popular person’s death compared to the already 5,636 reported fatalities in 1985.<sup>55</sup>

Hudson’s diagnosis also created intense fear over the spread of the disease, which led to the publication of large amounts of misinformation. A *New York Times* article published in January of 1986 cited the discrimination that homosexuals were experiencing, “Public fear over the spread of AIDS has led to increased discrimination and violence against homosexuals, even as it has created new obstacles to obtaining legal protections, according both to leaders of homosexual groups and to government officials.”<sup>56</sup> The newfound awareness of AIDS was counteracted by the potential for violence and discrimination toward those with the disease. The possibility of quarantining the inflicted became a popular idea for dealing with the spread of the disease. In a 1985 *New York Times* article titled “Poll Indicates Majority Favor Quarantine for AIDS Victims,” the newspaper stated, “The Los Angeles Times Poll found that 51 percent of the respondents supported a quarantine of acquired immune deficiency syndrome patients.”<sup>57</sup> The title of the article was misleading, as 51 percent was barely a majority, but the rumors of possible quarantining

<sup>54</sup>CNN, “The Eighties: The Fight Against AIDS,” *Netflix*, accessed September 14, 2017, <https://www.netflix.com/search?q=the%20ei&jbv=80128317&jbp=0&jbr=0>.

<sup>55</sup> Fighting AIDS Continuously Together, “A Brief Timeline of AIDS,” *Fact Leigh Valley*, accessed March 1, 2018, <http://www.factlv.org/timeline.htm>.

<sup>56</sup> Richard J. Meislin, “AIDS Said to Increase Bias Against Homosexuals,” *The New York Times*, January 21, 1986: B4.

<sup>57</sup> “Poll Indicates Majority Favor Quarantine for AIDS Victims,” *The New York Times*, December 20, 1985: A24.

continued to circulate. This was fueled by news outlets looking to publish any information they had on the disease, even if it were not proven.<sup>58</sup>

Another public figure that dealt with the discrimination towards AIDS victims was thirteen year-old hemophiliac Ryan White. A local Indiana newspaper was the first to publish a story on White and his struggle with AIDS in March of 1985, but it did not receive much of a response. However, once AIDS received increased attention after Rock Hudson's diagnosis, school officials refused White's entry into his junior high school because of his disease. Newspapers and television networks flocked to the story of White and his battle with the Kokomo, Indiana school board for readmission. The media supported the idea that White acquired AIDS through an "acceptable" means, as he received the disease through a contaminated blood transfusion. Ted Koppel of ABC News interviewed White throughout his illness and stated, "Ryan White was a so called 'innocent victim' of AIDS. That was a polite way of saying that he wasn't gay or an intravenous drug user."<sup>59</sup> Yet White's having AIDS produced immense fear among the children and parents around him. Even though the CDC had proven AIDS could not be spread through casual touch in 1983, Americans like the residents of Kokomo inaccurately feared being in the vicinity of someone with the disease.

On the other hand, White's story brought a new dimension to the amount of compassion that Americans had for people with AIDS. Newspapers such as *The New York Times* tried to produce sympathy for White by highlighting the inconvenience of his having to attend school

<sup>58</sup> Patton, 28.

<sup>59</sup> "Nightline 1988 clips – Ryan White Interview being bullied by kids for having AIDS," *Youtube*. accessed September 14, 2017, <https://www.youtube.com/watch?v=zPO5wausim8>.

through a telephone call while at home.<sup>60</sup> White experienced more bullying from his classmates when he returned to school, which he shared on television interviews. “Well they [the kids at school] marked my folders, they wrote ‘fag’ and other cruel things.”<sup>61</sup> The media used White as an example of AIDS dividing a community on a local level. Until his death in April of 1990, White served as an example of AIDS that the heterosexual population could root for. Due to his young age, media outlets were able to make Americans sympathize with AIDS victims outside of groups that were typically stigmatized.

### **The Homosexual Population**

When gay activist Cleve Jones first saw the *MMWR* report on pneumocystis pneumonia in 1981, he clipped it out of the paper, hung it up on his bulletin board and wrote “Just when things were looking up” next to the title.<sup>62</sup> Jones’ response referenced the successes the gay rights movement gained throughout the 1970s. The beginnings of gay activism started with the Stonewall Riots of 1969, when the police harassed gay men who frequented the Stonewall Inn bar. Homosexual harassment from the police was common; however, the homosexuals at the Stonewall Inn fought back against the police brutality. The riot created a new sense of energy and activism for the gay rights movement and groups, such as the Gay Liberation Front (GLF) and Gay Activists Alliance (GAA), worked for legislation and laws protecting homosexuals. Also instrumental in furthering the gay rights movement, more than any homosexual group, was San Francisco Board

<sup>60</sup> “AIDS Victim Starts School Over Telephone,” *The New York Times*, August 27, 1985: A19.

<sup>61</sup>Nightline 1988 clips – Ryan White Interview being bullied by kids for having AIDS,” <https://www.youtube.com/watch?v=zPO5wauisim8>.

<sup>62</sup> Shilts, 78.



of Supervisors member Harvey Milk. He was the first openly gay man in the United States to be elected to public office.<sup>63</sup> He successfully fought against anti-gay legislation like Proposition 6 in California, which would have barred homosexuals from teaching in schools. Milk's political prowess inspired confidence in a bright future for homosexual acceptance. Unfortunately, Milk's accomplishments were cut short when news broke of his assassination by disgruntled ex-city supervisor Dan White. The gay rights movement suffered a huge loss, but homosexuals remained hopeful in securing an equal place in American society.

As the 1980s began, the gay community experienced newfound enthusiasm as a minority group working for more rights in America. The sexual revolution took hold of cities, like San Francisco and New York City, and sex for homosexuals became readily available in gay bathhouses unlike before. Homosexual men viewed the baths as social gathering places in which they could engage in casual sexual relations with numerous partners. However, this revolution set the scene for the AIDS epidemic to spread throughout the gay community. As homosexuals learned more about the AIDS virus, there was a great amount of denial over the disease. Larry Kramer, founder of the Gay Men's Health Crisis, was one of the first gay activists to try and draw serious concern to AIDS in the gay community. "Larry Kramer would maintain from the start, gay men knew precisely what they needed to do – and not do – to avoid contracting the deadly new syndrome. The problem, he insisted, was in how gay men reacted to this knowledge, not in getting the knowledge out itself."<sup>64</sup> Kramer became an outcast in the gay community when he started vocalizing his opinion. Less than a decade earlier, had been a crime to be gay or practice

<sup>63</sup> Heather Ann Thompson, *Speaking Out: Activism and Protest in the 1960's and 1970's* (Boston: Prentice Hall, 2010) 139-140.

<sup>64</sup> Shilts, 108.

homosexuality in public; therefore, the homosexual population was not giving up their new freedoms easily. Michael Specter, a staff writer at *The New Yorker*, commented on Kramer's efforts. "Larry basically anticipated what was going to happen and he was shunned. These people who were just feeling the vigor of freedom were told 'everything you're doing is killing you. These bathhouses where there's lots of sex and partners who you don't even know that's the worst thing possible.'"<sup>65</sup> Specter reinforced the idea that Kramer produced anxiety in the gay community, but the homosexual population was not ready to leave the euphoria of liberation behind.

Another prevalent fear, besides the epidemic itself, was that alarm about the disease would hurt the gay community. Pat Norman, director of the Office of Lesbian and Gay Health in the health department, was the voice for health-related issues concerning homosexuals in San Francisco. Randy Shilts described her response to avoid any panic "She outlined the potential problems: Not only could gays be panicked but this could be manipulated to fuel an anti-gay backlash." Her opinion seemed logical with little known and proven about the transmission of AIDS. Before the CDC ruled out casual touch as a way to contract the disease in 1983, heterosexuals had an excuse to be fearful of contact with the homosexual population and to support quarantining. Also, the larger part of the gay community was not afraid to play Russian roulette with their bodies by regularly attending bathhouses. In some cases, those that were diagnosed with AIDS still did not refrain from their dangerous behavior. For example, Selma Dritz, an epidemiologist from the San Francisco Department of Public Health, knew about some of these men. "Gaetan Dugas was not alone among AIDS patients at the bathhouses. Bobbi Campbell, who had made his self-avowed role as KS Poster Boy into something of a crusade, was also going to

<sup>65</sup> CNN, "The Eighties: The Fight Against AIDS.",  
<https://www.netflix.com/search?q=the%20ei&jbv=80128317&jbp=0&jbr=0>.

bathhouses, although he denied having sex with people. Gay doctors had told Dritz that several other patients still went as well.” Dritz was appalled and angered by this information, for these men were making decisions for other people’s bodies by not disclosing their disease.<sup>66</sup> Bobbi Campbell’s return to the baths exemplified the strength of the gay community’s desire to keep their social spaces open, for even the “AIDS poster boy” returned to places harboring the disease.

Larry Kramer did not give up in speaking to the gay population about the seriousness of AIDS. In an extremely influential essay published in 1983, entitled “1,112 and Counting,” Kramer grabbed the attention of his readers with the opening lines, “If this article doesn’t scare the shit out of you, we’re in real trouble. If this article doesn’t rouse you to anger, fury, rage, and action, gay men may have no future on this earth. Our continued existence depends on just how angry you can get.”<sup>67</sup> This essay was Kramer’s sincerest effort to make AIDS a reality for the gay community – and he succeeded. The essay sold out in New York newsstands and was sent to San Francisco where it would make an even larger impact on possible AIDS policy. Kramer transformed how the gay population viewed AIDS, but he did not escape the criticism of some who still called him an alarmist. Some homosexual men refused to acknowledge the epidemic in fear of losing their newfound freedom provided by the bathhouses. Overall, the trajectory of how the gay community looked at the disease was changed from then on. No longer was the focus on those that were already sick, but on those that could be saved. Kramer’s essay proved to be the most influential publication

<sup>66</sup> Shilts, 122 and 200.

<sup>67</sup> Larry Kramer, “1,112 and Counting,” *Larry Kramer’s Historic Essay: AIDS at 30*, accessed September 20, 2017, [http://bilerico.lgbtqnation.com/2011/06/larry\\_kramers\\_historic\\_essay\\_aids\\_at\\_30.php](http://bilerico.lgbtqnation.com/2011/06/larry_kramers_historic_essay_aids_at_30.php).

for the gay community throughout the AIDS crisis and it served as the turning point for when the gay community truly started to pay attention to the epidemic.<sup>68</sup>

### **Intravenous Drug Users**

Intravenous drug users were the second largest group of AIDS victims, as the sharing of AIDS-infected hypodermic needles spread the disease to the heterosexual population.<sup>69</sup> Throughout the 1960s and 1970s, especially in New York City, the number of injection drug users skyrocketed. For example, “In 1977, based on data obtained from a variety of sources (e.g., hospital emergency room visits, heroin-related deaths), the National Institute of Drug Abuse estimated that the number of heroin users nationwide in 1977 was between 396,000 and 510,000.”<sup>70</sup> Therefore, the growing use of needles in drug culture could be compared to the rise in availability of sex for gay men. Each of these groups and their respective behavior led them towards the AIDS epidemic at the same time.

Policies enacted to lessen drug use also played a role in intravenous drug users acquiring AIDS more easily. Dr. Gerald Friedland, an Infectious Disease Doctor in the Bronx, New York, stated in 1981, “Of course in the 1960s, there was an epidemic of heroin use and the public health response was ‘well, the way to take care of injecting drug use is to make needles scarce.’ So laws were passed to limit the availability of needles and make the carriage of needles and syringes a crime. Limiting the supply of needles, forcing drug users to share more and then HIV happened

<sup>68</sup> Shilts, 245.

<sup>69</sup> Kinsella, 74.

<sup>70</sup> Rushing, 35.

just at that point.”<sup>71</sup> In an effort to crack down on injection drug use, local governments across the country passed laws resulting in the sharing of needles with AIDS contaminated blood.

As more heterosexual cases of what was previously called Gay-Related Immune Deficiency (GRID) became apparent, the disease took on a more fitting name—Acquired Immune Deficiency Syndrome (AIDS). The name AIDS did not refer to any sexual orientation, as intravenous drug users were most of the first heterosexual cases. Just as some considered homosexuals deserving of their disease, intravenous drug users were subjected to the same biases. Some people viewed these groups as leading a ‘life of sin’ and the disease was their punishment for their behavior. Also, the media barely gave the disease more attention than it previously had when the CDC reported intravenous drug users highly susceptible of AIDS infection. For example, sociologist Susan M. Chambre states, “It was difficult to generate interest in an epidemic affecting drug users, because they were viewed as a major source of community problems, and drug addicts victimized people to support their drug habits.”<sup>72</sup>

Yet with the rise of AIDS infections among drug users, the heterosexual population suddenly started to experience the more immediate effects of the epidemic. Girlfriends and wives of drug users were the next at-risk group for acquiring AIDS. Pregnant women infected with AIDS were having babies who acquired the disease in the womb.<sup>73</sup> Now, the fear was not *if* AIDS would spread to the heterosexual population, but when and how fast. For example, Susan Chambre

<sup>71</sup> Films on Demand, “AIDS in America: A History,” *TV4AB*, accessed September 27, 2017, [http://fod.infobase.com.providence.idm.oclc.org/p\\_ViewVideo.aspx?xtid=9352&loid=36458&tScrip=0#](http://fod.infobase.com.providence.idm.oclc.org/p_ViewVideo.aspx?xtid=9352&loid=36458&tScrip=0#).

<sup>72</sup> Chambre, 84.

<sup>73</sup> Chambre, 162.

explains a case from 1982, “One thirty-seven-year-old woman, suffering from *Pneumocystis*, lived for five years with an intravenous drug user who had died in November, the *MMWR* reported.”<sup>74</sup> AIDS was spreading to women, and through them to their unborn children. These examples created a great amount of fear within the heterosexual population concerning the possible spread of AIDS without participating in behavior leading to its contraction.

As a group affected by AIDS, intravenous drug users were not an organized community easily capable of advocating for help against the disease like the gay community. There was no “drug user community” in the sense of having a strong group identity and loyalty to one another.<sup>75</sup> In October of 1985, New York City’s Department of Health created the Association for Drug Abuse Prevention and Treatment (ADAPT) in response to the large number of intravenous drug users reported with AIDS. Susan Chambre explains the efforts of ADAPT, “Beginning their work on street corners, ADAPT volunteers began to do outreach in the ‘shooting galleries’ where people purchased drugs; borrowed, shared, or ‘rented’ injection equipment; and prepared and injected drugs.”<sup>76</sup> The obvious issue was the lack of availability of clean needles and, in 1985, New York City Health Commissioner David Spencer proposed that drug addicts should be allowed to obtain new needles without a prescription. This idea immediately sparked controversy, as it seemed the city was promoting drug use. Intravenous drug users faced two killers: AIDS and drug use itself. Hence, policy makers were faced with two options: abstinence or risk reduction. “As the term implies, abstinence proponents seek to have at-risk individuals discontinue entirely the sexual or

<sup>74</sup> Shilts, 125,133.

<sup>75</sup> Siplon, 7.

<sup>76</sup> Chambre, 86.

drug-using practices that create possible risks for the spread of HIV. In contrast, the competing strategy of *harm or risk reduction* assumes that people may continue the core sexual or drug using behavior that put them at risk.”<sup>77</sup> In 1986, Nancy Reagan advocated for further abstinence when she announced the “Just Say No” campaign to tackle the country’s rising drug problem. However, the campaign did not mention AIDS as a possible risk of drug use, further ignoring the disease.<sup>78</sup> In 1988, New York created a needle exchange, but it met its demise rather quickly due to a strong countermovement.<sup>79</sup> Therefore, intravenous drug users faced having to take care of themselves through rehab or be mindful when using needles.

### **Hemophiliacs and Blood Transfusion Recipients**

In July of 1982, the CDC identified a third group of AIDS victims in a *MMWR* detailing the deaths of two hemophiliac, heterosexual patients showing symptoms of pneumocystis carinii pneumonia.<sup>80</sup> CDC workers, such as retrovirologist Don Francis, knew it was only a matter of time until hemophiliacs and blood transfusion recipients started showing signs of AIDS infection.<sup>81</sup> Homosexuals, intravenous drugs users, and hemophiliacs were all major risk groups for Hepatitis B, a serious liver infection contracted when the body fluids of a person infected with Hepatitis B enter the body of an uninfected person. AIDS resembled Hepatitis B in terms of how the diseases

<sup>77</sup> Siplon, 68.

<sup>78</sup> Koop, 267-268.

<sup>79</sup> Chambre, 164-165.

<sup>80</sup> CDC, “Epidemiologic Notes and Reports Pneumocystis carinii Pneumonia among Persons with Hemophilia A,” *MMWR*, July 16, 1982.

<sup>81</sup> Shilts, 116.

spread among the American population. With the evidence of hemophiliacs suffering from AIDS-related symptoms, the CDC confidently deduced that AIDS could reach the heterosexual population through a contaminated blood supply. Typically, hemophiliacs received injections of a blood product called Factor VIII from for-profit and nonprofit organizations, such as the American National Red Cross (ANRC) and various pharmaceutical companies. Factor VIII was a protein used as a clotting factor, produced from thousands of blood donors, to help a hemophiliac's blood clot on its own. The numerous blood donors providing plasma for the creation of Factor VIII made it difficult for the CDC to trace AIDS-contaminated samples back to specific donors.<sup>82</sup> Thus, the CDC and other health organizations worried about the safety of the national blood supply.

Later that month, an emergency meeting of the Public Health Services Committee was called. Representatives from the CDC, Food and Drug Administration (FDA), NIH, ANRC, National Hemophiliac Foundation (NHF), pharmaceutical companies, and gay community organizations met in Washington, D.C. to discuss the new evidence of AIDS-related symptoms affecting hemophiliacs. In presenting the evidence supporting AIDS' spread through blood transmission, CDC workers hoped the blood industry would implement donor deferral guidelines to stop AIDS high-risk groups from donating blood. The NHF and FDA responded to the CDC's research by attacking its legitimacy. Hemophiliacs, unconvinced by the evidence, feared accusations against Factor VIII. They did not want to lose the blood product, as it was the simplest and most convenient way to handle their disease. Moreover, the FDA questioned the CDC's intentions in offering its new data. "Many at the FDA did not believe that this so-called epidemic of immune suppression even existed. Privately, in conversations with CDC officials, FDA officials

<sup>82</sup> Shilts, 115.



confided that they thought the CDC had taken a bunch of unrelated illnesses and lumped them into some made-up phenomenon as a brazen ruse to get publicity and funding for their threatened agency.” By the end of the meeting, all groups agreed they would let the situation clarify itself before they took any drastic measures, such as the CDC-suggested donor deferral guidelines.

On December 10, 1982, the CDC sought to put pressure on the blood industry by publishing an *MMWR* stating that AIDS could be transmitted through exposure to contaminated blood products. The report detailed the case of a male 20-month old baby who received six blood transfusions over a four-day period and received blood products during his hospitalization after birth. The *MMWR* continued to explain, “Investigation of the blood products received by the infant during his first month of life has revealed that one of the 19 donors was subsequently reported to have AIDS. The donor, a 48-year-old white male resident of San Francisco, was in apparently good health when he donated blood on March 10, 1981.”<sup>83</sup> The details of the report provided significant evidence and reasoning for donor deferral guidelines and testing. Also, due to the victim being a baby, media sources did not hesitate to pick up and publish the story. In an article titled “Infant who Received Transfusion Dies of Immune Deficiency Illness,” the *New York Times* stressed the uncertain future for hemophiliacs and transfusion patients with the new threat of AIDS.<sup>84</sup> With the publishing of the *MMWR*, numerous blood bankers expressed their anger with the CDC, as they thought the health agency overstated the possibility of AIDS contraction through blood transfusions and blood products for publicity purposes. Thus, the blood industry remained unconvinced about the seriousness of the epidemic.

<sup>83</sup> CDC, “Epidemiologic Notes and Reports Possible Transfusion-Associated Acquired Immune Deficiency Syndrome (AIDS) – California,” *MMWR*, December 10, 1982.

<sup>84</sup> Harold M. Schmeck, “Infant who Received Transfusion Dies of Immune Deficiency Illness,” *The New York Times*, December 10, 1982: A22.

Following the inconclusive July 1982 meeting, the same groups and representatives met again in January of 1983 in another meeting officially called the Workgroup to Identify Opportunities for Prevention of Acquired Immune Deficiency Syndrome at the CDC in Atlanta.<sup>85</sup> Jim Curran of the CDC offered two options of action for the blood industry. “They could either adopt guidelines to keep people at high risk from donating blood or they could start testing blood to try and weed out likely AIDS carriers.” A specific test for AIDS did not exist in 1983. But because all high-risk groups likely suffered from hepatitis B at some point in their lives, possible AIDS carriers’ blood still contained hepatitis virus antibodies. The test would not eliminate everyone inflicted with AIDS, but it would sufficiently reduce the possibility of contracting AIDS through blood transfusions and blood products. In response to the CDC’s suggestions, Aaron Keller, president of the New York Blood Center, worried about the loss of possible donors, false-positive test results leading to unnecessary disposal of blood not infected with AIDS, and the cost of providing the testing. He stated, “We must be careful not to overreact. The evidence is tenuous.” While CDC workers grew frustrated with the denial of the blood industry, Selma Dritz understood the plight of the blood bankers. “She knew that vast sums of money were involved with any surrogate testing of blood. She also knew that a more moderate proposal to screen out groups at high risk for AIDS from blood donors would severely hurt urban blood banks that relied on civic-minded homosexuals as an essential part of their donor pool.”<sup>86</sup> Despite these factors, Dritz and other health officials recognized that Americans’ health took priority over the fiscal concerns of the blood industry.

<sup>85</sup> Siplon, 49.

<sup>86</sup> Shilts, 221.

Weeks after the Atlanta meeting, the National Hemophiliac Foundation angered gay activists by supporting the barring of gay men from donating blood. For-profit blood product manufacturers sided with the Foundation in order to not offend hemophiliacs as their main consumers. Gay activists viewed quarantining the homosexual community from donating blood as a civil rights violation. Blood bankers used the rhetoric of the homosexual community to their advantage, as they tried to keep their donor pool intact. For example, Dr. Herb Perkins, the medical director of Irwin Memorial Blood Bank in San Francisco, explained that testing gay men would mark them with a “biological pink triangle.” With this statement, Dr. Perkins referred to the marker homosexuals wore in Adolf Hitler’s death camps. However, members of the medical community remained unconvinced with the blood banker’s adoption of gay activism. Dr. Marc Conant, a dermatologist at the University of California, San Francisco, “knew more than civil rights was involved with the blood banker’s refusal to test blood or defer donors. It was dollars and cents, both in increased testing expenses and for the larger recruiting drives needed to replace gay donors.” Dr. Conant tried to enlist AIDS experts from UCSF to issue a public statement asking blood bankers in New York, Los Angeles, and San Francisco to begin hepatitis antibody testing. The blood banks ignored the statement on the basis that there was no evidence that the testing would screen out people incubating the AIDS virus.<sup>87</sup>

The lack of action taken by blood bankers resulted in future instances of AIDS acquired through blood transfusions. In one particular case, Frances Borchelt of San Francisco underwent a hip replacement operation in August of 1983. Due to the loss of large amounts of blood through the course of the surgery, Mrs. Borchelt received three units of blood from the Irwin Memorial

<sup>87</sup> Shilts, 226.

Blood Bank. Unfortunately, the third unit contained blood donated by a young man that previously had hepatitis and, unbeknownst to him, had the AIDS virus. As Mrs. Borchelt failed to recover from her surgery and started to show the symptoms of AIDS, the Irwin Memorial Blood Bank continued to preach that the possibility of AIDS transmission through a blood transfusion was “one in a million.” The Borchelt family did not hesitate to take legal action against the blood bank. “Unlike previous lawsuits by aggrieved families of transfusion AIDS victims, the Borchelt suit did not claim liability, a charge from which blood banks were legally insulated by special legislation. Instead, the lawsuit claimed negligence, saying the blood industry was negligent in not moving to do something about AIDS even after it was aware of the problem.”<sup>88</sup> The Borchelt case exemplified one of many instances in which AIDS infection could have been avoided if blood banks acknowledged the AIDS epidemic and instituted donor testing. The inaction of the blood banks resulted in more unnecessary AIDS victims.

### **Conclusion**

Overall, various newspaper and television outlets failed in providing an adequate portrayal of the severity of the AIDS epidemic. News sources such as *The New York Times* and the *Wall Street Journal* rarely reported on the rapid spread of the disease, but when they did publish stories, they focused on how AIDS effected the heterosexual population. The homosexual community began to attribute the lack of coverage on the epidemic to the fact that the disease mostly affected the homosexual population. Yet the homosexual population still experienced a sense of denial about the condition of their community. Homosexual activists like

<sup>88</sup> Shilts, 365, 547.

Bobbi Campbell and Larry Kramer sought to emphasize the seriousness of AIDS to those not worried about the consequence of having multiple sexual partners.

Numerous intravenous drug users also began to suffer from AIDS-related symptoms and became the second major group of AIDS victims. Government efforts to crack down on drug use by limiting access to clean needles proved to heighten the threat of AIDS infection through the repeated sharing of needles. Cases of AID-infected heterosexual drug users became more common and added to the fear of the epidemic reaching the heterosexual population. Religious conservatives spread rhetoric to stigmatize drug users and homosexuals as people deserving of their disease due to their immoral behavior

Media portrayals of hemophiliacs and blood transfusion recipients stressed their contraction of AIDS through “innocent” means. Yet the story of teenager Ryan White demonstrated that fears over the spread of AIDS through casual touch due to the misinformation perpetuated by news outlets was just as discriminatory. In 1985, White provided Americans with a sympathetic view of a victim fighting the harsh symptoms of the disease, as well as combating the discrimination attributed AIDS. His fight to return to his Indiana school exemplified the harsh reality of the discrimination experienced by those with AIDS.

Finally, the course of news coverage on the epidemic took a momentous turn when actor Rock Hudson announced his AIDS diagnosis in 1985. Suddenly, all Americans, irrespective of their sexual orientation, knew someone dying from AIDS. Due to Hudson’s friendship with President Reagan, homosexuals, drug users, and hemophiliacs expected Hudson’s death would provoke the president to finally say the word “AIDS” publicly for the first time. Unfortunately, Reagan refused to comment on the specifics of Hudson’s disease and set the tone for his administration’s AIDS policy.



## **GOVERNMENT ACTION VS. INACTION**

In 1981, California Democratic Congressman Henry Waxman assumed the position of Chairman of the House Subcommittee on Health and Environment. Waxman and Tim Westmoreland, chief counsel to the House Subcommittee on Health and Environment, feared a serious public health crisis might occur soon after the Reagan administration issued the new budget cutting domestic health programs. The National Institutes of Health (NIH) and the Centers for Disease Control (CDC) suffered the loss of millions of dollars in funding. These agencies were the first responders to any public health emergencies affecting Americans and improper funding led to possible failures in detecting health hazards or diseases. Congressman Waxman recalled speaking with Westmoreland about the consequences of the budget cuts. “There’s going to be a disaster,’ Tim reported to me. ‘It could be an FDA disaster, and NIH disaster, or a CDC disaster, but if these agencies get cut something has got to give.’” Westmoreland visited the CDC in Atlanta in order to educate himself on any possible health catastrophes on the horizon. While in Atlanta, Dr. Jim Curran, the future leader of the CDC’S AIDS task force, brought Westmoreland’s attention to an unusual outbreak of a deadly pneumonia attacking homosexual men. As the number of pneumonia cases rose, Waxman offered to hold a congressional hearing to address the possible

epidemic. However, Curran turned Waxman's offer down, as he did not want to panic the homosexual community with the limited information known about the disease.<sup>89</sup>

By January of 1982, Curran felt confident about the CDC's new findings on the disease and notified Waxman that he was ready to address the homosexual community. In April, Waxman invited Curran to speak at a field hearing held at the Gay and Lesbian Community Services Center in Los Angeles. The hearing served as the first congressional probe into the epidemic that researchers and doctors labeled Gay Related Immune Deficiency (GRID). The timing of the hearing also coincided with the 1982 budget proposed by the Reagan administration. The new budget planned for the NIH to lose 1,000 grants, the Epidemiological Intelligence Service to suffer position cuts, and nowhere in the budget had health officials stated a line item of funding to deal with GRID.<sup>90</sup> Waxman responded to the lack of attention to GRID with his opening statement at the hearing. "There is no doubt in my mind that, if the same disease had appeared among Americans of Norwegian descent, or among tennis players, rather than gay males, the responses of both the government and the medical community would have been different."<sup>91</sup> Waxman emphasized the idea that the sexual orientation of the majority of the victims hindered the amount of funding the government was willing to provide for research.

In May of 1983, another hearing of the House Subcommittee on Health and the Environment took place in Washington, D.C. to address the amount of money the government had denied for AIDS research since 1981. During the hearing, Congressman Waxman sought frank

<sup>89</sup> Henry Waxman, *The Waxman Report: How Congress Really Works* (New York: Twelve Press, 2009) 36-37.

<sup>90</sup> Shilts, 143.

<sup>91</sup> Shilts, 143.



testimony from President Reagan's Assistant Secretary of Health, Dr. Edward Brandt. Dr. Brandt's embarrassing but truthful testimony indicated the clear avoidance of acknowledging the impact of the disease. The facts displayed at the hearing led to the passing of \$12 million for AIDS research in the House of Representatives. From then on, when Reagan administration officials were asked about the federal response to AIDS, they claimed it was the administration's number-one health priority, whether it was true or not.<sup>92</sup>

The efforts of Waxman to bring attention to the disease and allocate money for research were made all the more difficult due to Republicans in Congress casting AIDS as a "gay disease." California Republican Congressman Bill Dannemeyer adamantly voiced his opinions on how to solve the spread of the disease. Congressman Henry Waxman recalls, "When Dannemeyer weighed in, his determined priority was not research or prevention, but rather rounding up gay men and quarantining them on an island in the South Pacific, a proposal he called a press conference to announce." Not all Republicans agreed with Congressman Dannemeyer; however, his influence within the Party made other members defer from confronting him. Other representatives such as Indiana Congressman Dan Burton were even more damaging to the public's perception of AIDS. Congressman Waxman explains "Several news outlets reported that Dan Burton, an Indiana Republican, had stopped eating soup for fear that a waiter might give him AIDS, and he brought his own scissors to the House barber so that he would not acquire the disease from an earlier infected customer."<sup>93</sup> The actions that Burton exemplified were contradictory to the information health officials wanted the public to understand. Many Americans were fearful of

<sup>92</sup> Shilts, 297-298.

<sup>93</sup> Waxman, 38-39.

the disease and their elected leaders added to the hysteria by incorrectly communicating that AIDS could be spread through touch and that homosexuals should be criminalized for spreading the disease.

As AIDS research progressed and health officials began educating the public by promoting condom use, other conservative government officials raised their concerns. On October of 1987, Republican Jesse Helms took to the Senate floor to express his contempt with sex education's refusal to teach abstinence. "Indignant with anger, he waved a comic book that had been written and distributed by GMHC [Gay Men's Health Crisis] in New York City. The book depicted a casual but 'safer' (that is condom using) sexual encounter between two men." Helms promoted abstinence from sex, drug use, and homosexuality, rather than taking on a risk-reduction approach through education. Taking his speech further, Helms proposed an amendment prohibiting the CDC from using government funds to provide AIDS education condoning sex outside of a monogamous relationship and intravenous drug use.

Other senators offered critiques of the acceptable use of government funds. Connecticut Republican Senator Lowell Weicker claimed, "Any sort of an education process that excludes a part of the population, in particular a high-risk population, is not the education effort that the crisis deserves." Florida Democratic Senator Lawton Chiles was more concerned about the impact of the disease on heterosexuals and wanted to hinder intravenous drug users from passing on the virus. He commented, "I guess you can say that as long as this disease is confined among homosexuals, no real danger."<sup>94</sup> The thoughts and worries of these Senators from different parties demonstrated that party affiliation did not determine how one reacted to AIDS education efforts.

<sup>94</sup> Siplon, 67-68.

The Democratic and Republican Parties each had members complicit in allowing misinformation to get out of hand. As a result, the opinions of Senators Weicker and Chiles allowed for the modification of Helm's amendment to only prohibit funding efforts towards the promotion of homosexuality.

### **The Reagan Administration**

The Reagan administration became aware of the AIDS epidemic in its beginning stages in July of 1981. Dr. Edward Brandt periodically checked in with the CDC for new findings and news on the spread of the disease. However, Brandt supported the Reagan administration's budget cuts and the idea that states better handled their own health issues. The CDC constantly battled the administration for more funding and by December of 1981, CDC Director Bill Foege had negotiated with Brandt for greater allocations. Journalist Randy Shilts describes Brandt's efforts to find more funding. "Sensitive to the rigid limits the administration was setting on all non-armaments spending, however, Brandt said he'd have to try to get the money from the heftier budget of the National Institutes of Health. After all, [CDC director of AIDS research] Jim Curran's \$833,800 request amounted to only one five-thousandth of the NIH annual budget. But no word came from the NIH."<sup>95</sup> Due to Brandt's request for funds, rather than an order, other health agencies avoided dedicating their funds towards research with which they were not particularly concerned.

The lack of funding for AIDS delayed surveillance and epidemiological studies on the disease. Gay activists and various local doctors voiced their criticisms concerning the government's lack of attention to the disease. In 1982, Dr. Marcus Conant, a dermatologist

<sup>95</sup> Shilts, 80, 106.

affiliated with the University of California at San Francisco, explained the effects of an absent federal response, “The CDC case-control study may offer some definitive word on how it was spread, but that research was stalled, probably for lack of resources. We are losing time, and time is the enemy in any epidemic. *The disease is moving even if the government isn’t* [emphasis in original].” By the summer of 1982, the CDC had spent about \$2 million out of the organization’s total \$202 million budget for research on the disease. In comparison, the National Cancer Institute (NCI) spent only \$291,000 for its studies on Kaposi’s Sarcoma out of its \$1 billion budget.<sup>96</sup> The federal government and institutions viewed AIDS as a budget problem, but this was not the case. Therefore, those in medicine, the homosexual community, and other affected groups reluctantly asked, “Does anyone care?”

Federal health officials were not the only members of Reagan’s administration to hear about the impact of AIDS in the early years of the epidemic. In October of 1982, White House correspondent Lester Kinsolving asked President Reagan’s Deputy Press Secretary, Larry Speakes, about a new disease called AIDS. The dialogue between Kinsolving and Speakes exemplified the Reagan administration’s lack of seriousness regarding the epidemic. Kinsolving asked, “Larry, does the President have any reaction to the announcement by the Center for Disease Control in Atlanta that A-I-D-S is now an epidemic in over 600 cases? Over a third of them have died... It’s known as ‘gay plague.’” Following Kinsolving’s question was a roar of laughter from the press pool due to the nickname of “gay plague” for AIDS. Speakes responded by making light of the question. “I don’t have it ...do you?” Picking up on the playfulness of Speakes’ answer, Kinsolving sought some real information, “Does the President... In other words, the White House

<sup>96</sup> Shilts, 121, 175.

looks on this as a great joke?” Speakes insisted that he knew nothing about the epidemic and continued to jest that the president had no personal experience with the disease. The total number of deaths from AIDS had reached 853 by October of 1982; yet, the Reagan administration used the disease as an opportunity to joke about homosexuality.<sup>97</sup> Due to the majority of AIDS victims being homosexual, the disease did not receive the proper amount of attention that the rising death rates demonstrated it deserved.

In June of 1983, another reporter asked Speakes to comment on the recent movement in Denver at the Conference of Mayors Convention to request \$50 million for fiscal year 1984 for assistance in fighting AIDS. Speakes stated, “The President has been involved and briefed on the AIDS situation a number of months ago in a cabinet meeting and ordered that higher priority be given to research matters on it. We have recently asked that twelve million dollars be reprogrammed for research on AIDS.”<sup>98</sup> In this press briefing, Speakes took the mention of AIDS seriously; however, he commented on the administration’s offer of \$12 million for AIDS research at the Conference of Mayors without proper context. “The mayors of the hardest-hit cities had called for \$50 million in new federal AIDS research money and the promise of a presidential signature on the \$12 million already passed by the House. Already, however, officials at the Office of Management and Budget (OMB) were saying that President Reagan would veto the \$12 million; he wanted new AIDS research to be diverted from other ‘wasteful’ programs at the Department of Health and Human Services.”<sup>99</sup> Speakes referenced the reprogramming of funding, which at first

<sup>97</sup> Vanity Fair, “Reagan Administration’s Chilling Response to the AIDS Crisis,” *Youtube*, accessed November 8, 2017, <https://youtu.be/yAzDn7tE1IU>.

<sup>98</sup> Vanity Fair, “Reagan Administration’s Chilling Response to the AIDS Crisis,” <https://youtu.be/yAzDn7tE1IU>.

<sup>99</sup> Shilts, 324.

seemed as if Reagan was devoting more attention to AIDS research. However, Reagan sought to reappropriate federal health spending, rather than use new federal funds to tackle AIDS. The OMB urged Reagan to veto the appropriations bill for \$12 million and ignore the possibility of an additional \$50 million allocation. Reagan's budgeting plans consistently did not keep up with the necessary amount of funding needed for the work of the CDC, NIH, and NIC. As new memorandums reached the White House indicating the need for a new budget, the Reagan administration refused to put forward different initiatives for adequate funding.

Secretary of Health and Human Services Margaret Heckler served as a publicist for the Reagan administration's claim that executive action was taken to combat the AIDS problem. In numerous public appearances, Heckler stated that AIDS was the administration's number one health priority; yet the consistent funding delays evidenced otherwise. Randy Shilts explained Heckler's effort to create a sympathetic and caring image of the administration. "Heckler wanted to be seen taking the hand of an AIDS victim, touching him. For a week her aides scoured New York City hospitals for the ideal site for this photo opportunity. A dozen hospitals were approached but declined to participate, because they saw the press conference as a cynical attempt to create the illusion of action on the part of an otherwise inactive federal government." As the epidemic grew in numbers of those infected and dead, the medical community could no longer be fooled into thinking that the Reagan administration actively cared about the disease. In August of 1983, Dr. Marcus Conant provided testimony for a House oversight subcommittee's hearing on AIDS. He stated, "The failure to respond to this epidemic now borders on a national scandal. Congress, and indeed the American people, have been misled about the response. We have been led to believe that the response has been timely and that the response has been appropriate, and I would suggest

to you that is not correct.”<sup>100</sup> The Reagan administration urged health officials to do their best with what resources they had. When a major breakthrough concerning the disease reached the press, the Reagan administration took credit. However, the medical community and Congress broadcasted the reality of the situation, which involved less than adequate funding and attention paid to the epidemic that had already claimed 2,304 lives by 1983.<sup>101</sup>

Due to his political alliance with the Moral Majority and the stigma against the groups the epidemic affected, Reagan avoided making public statements about the epidemic. However, by ignoring the disease, Moral Majority leaders also experienced anger in the President’s actions. In 1983, Ronald Goodwin, Vice President of the Moral Majority, explained, “We feel the deepest sympathy for AIDS victims, but I’m upset that the government is not spending money to protect the general public from the gay plague. What I see is a commitment to spend our tax dollars on research to allow these diseased homosexuals to go back to their perverted practices without any standards of accountability.”<sup>102</sup> Moral Majority leaders were critical of the Reagan administration for using government funds to help homosexuals fight AIDS and they wanted him to take a more public stance against their supposedly deviant behaviors. Therefore, the administration was hesitant to make any declaration of support of AIDS research to save homosexuals from the disease. AIDS served as a political problem for Reagan and he decided to side with the religious right as his political supporters for the 1984 presidential election.

<sup>100</sup> Shilts, 363, 359.

<sup>101</sup> Vanity Fair, “Reagan Administration’s Chilling Response to the AIDS Crisis,” <https://youtu.be/yAzDn7tE1IU>.

<sup>102</sup> Shilts, 322.

The denial of executive action and leadership added to the hysteria that began to arise over how the disease spread. By 1985, the public's inaccurate perception of AIDS was at its peak. The story of Ryan White and his battle to return to school after his AIDS diagnosis garnered large amounts of media attention. White's story added to the hysteria surrounding the possibility that AIDS spread through casual touch. The panic over the possibility of contraction through touch, air, or food was unnecessary, as a September 1983 *MMWR* previously stated that casual contact never appeared a part of the spread of the disease.<sup>103</sup> In September of 1985, reporter James Hildreth of *U.S. News and World Report* finally asked Reagan a question about AIDS in his thirtieth presidential press conference since the beginning of the epidemic. Hildreth posed the question, "Mr. President if you had younger children, would you send them to school with a child who had AIDS?" President Reagan responded, "It is true that some medical sources have said that this cannot be communicated in any way, other than the ones we already know, and which would not involve a child being in school and yet medicine has not come forth unequivocally and said, 'This we know for a fact that it is safe.' Until they do, I think we just have to do the best we can with this problem."<sup>104</sup> Reagan misinformed the press, as the CDC previously published information identifying major forms of transmission caused by body fluids, such as blood and semen. President Reagan's comments contributed to the hysteria that the epidemic began to create for the heterosexual population. Congressman Waxman expressed his disappointment with Reagan's handling of the question. "Reagan seemed to be throwing that little doubt as a sock to the right

<sup>103</sup> CDC, "Current Trends Update: Acquired Immunodeficiency Syndrome (AIDS) – United States," *MMWR*, September 9, 1983.

<sup>104</sup> "President Reagan's Press Conference in the East Room on September 17, 1985," *Youtube*, accessed November 17, 2017, <https://www.youtube.com/watch?v=HUK4JU85nFw>.



wingers that he didn't want to antagonize. But when the President of the United States makes a statement like that, you can imagine how people think he must know, and maybe they should worry about their kids going to school. This was a disservice by the President of the United States.”<sup>105</sup> The statements of the President carried a lot of weight, especially due to his popularity. The heterosexual population relied on Reagan and the media for their AIDS information, and both mediums sensationalized and drew panic towards heterosexual cases. Through this press conference, Reagan evidenced that he was not up to speed on the AIDS situation and his ignorance hurt the public's perception.

### **The Centers for Disease Control**

The CDC served as the frontline for tackling the first reported AIDS cases; however, the institution suffered from inadequate funding as the disease progressed. As early as 1981, James Curran, director of AIDS research at the CDC, knew the institution would experience money issues due to the budget cuts affecting health organizations across the country. CDC workers hoped the seriousness of the disease would attract government dollars, like less devastating diseases had in the past. “Legionnaire's disease and Toxic Shock Syndrome had, by this stage in their respective epidemics, warranted almost daily front-page treatment, which in turn engendered the interest of members of Congress, who trickled loose more money for research. Instead, budgetary warfare had to be waged through discreet internal memos.” Curran submitted a modest six-month budget proposal for \$833,800, which represented only a fraction of a percent of the Health Service budget, for the Kaposi's Sarcoma and Opportunistic Infections Task Force (KSOI Task Force) to William

<sup>105</sup> CNN, “The Eighties: The Fight Against AIDS,”  
<https://www.netflix.com/search?q=the%20ei&jbv=80128317&jbp=0&jbr=0>.

Foege, Director of the CDC. Curran waited for a reply from other agencies, such as the National Institute for Allergy and Infectious Diseases, National Cancer Institute, and National Institute on Drug Abuse, but an answer never came.<sup>106</sup>

Don Francis, a retrovirologist and director of laboratory efforts for AIDS research at the CDC, spent the first months of 1982 pushing for more money for lab expansion and research. However, Francis continued to receive disconcerting news from Dr. Walter Dowdle, Assistant Director of the CDC. “There is no money. This is a worst-case situation.” Various health officials called the KSOI Task Force interested in hearing the results of a case-control study performed by the CDC on animal subjects. These health officials speculated that the CDC kept their research private for the glory of publication in the *New England Journal of Medicine* and possible research grants. Randy Shilts explained the true issue the CDC was up against. “It was almost easier for the CDC to let this gossip float than confess to the truth, that they couldn’t release the results because they didn’t have the nickels and dimes to hire their own statistician.” The results of the study convinced most CDC workers that AIDS was a sexually transmitted disease and had a long incubation period between infection with the virus and the manifestation of the disease.<sup>107</sup> By 1983, Don Francis expressed his frustration with the lack of funding towards AIDS research and prevention in a memo to Dr. Dowdle, “Our government’s response to this disaster has been far too little. The inadequate funding to date has seriously restricted our work and has presumably deepened the invasion of this disease into the American population. For the good of the people of this country and the world, we should no longer accept the claims of inadequate funding and we

<sup>106</sup> Shilts, 101, 119.

<sup>107</sup> Shilts, 125, 132.

should no longer be content with the trivial resources offered.”<sup>108</sup> Members of the CDC sought to do their job as researchers and epidemiologists, but they were hindered by the lack of expenses dedicated to fighting AIDS. The time wasted pursuing more funds and the failures in doing so cast an air of hopelessness over AIDS workers all over the country.

### **The Surgeon General**

Up until 1968, the Surgeon General served as the head of the Public Health Service (PHS), a team of public health professionals dedicated to promoting the nation’s public health, disease prevention programs, and public health science.<sup>109</sup> The Surgeon General reported directly to the Secretary of Health, Welfare, and Education. However, after a reorganization plan distributed by President Lyndon B. Johnson in 1968, the PHS became the responsibility of the Assistant Secretary of Health. The Surgeon General became a deputy position to the Assistant Secretary and was responsible for assisting in professional health matters. Due to the change in the delegation of labor, the Surgeon General developed a role as the PHS spokesperson. Yet, the titles and duties of the Assistant Secretary of Health and the Surgeon General continued to change; for example, in 1977 the positions were combined under the Department of Health and Human Services (HHS). Under the Reagan administration in 1981, the positions split once again and the Surgeon General dropped down an echelon in the hierarchy by reporting to the Assistant Secretary, instead of

<sup>108</sup> Don Francis, “Commentary: Deadly AIDS policy failure by the highest levels of the US government: A personal look back 30 years later for lessons to respond better to future epidemics,” *Journal of Public Health Policy* Vol. 33, No. 3 (2012): 293-294, accessed August 21, 2017. [http://www.jstor.org/stable/23253449?seq=1#page\\_scan\\_tab\\_contents](http://www.jstor.org/stable/23253449?seq=1#page_scan_tab_contents).

<sup>109</sup> U.S. Department of Health and Human Services, “U.S. Public Health Service Commissioned Corps,” *Surgeon General. Gov*, accessed December 7, 2017, <https://www.surgeongeneral.gov/corps/index.html>.

directly to the Secretary of Health. The new established roles and their jurisdictions occurred just before Dr. C. Everett Koop was nominated for the office of Surgeon General.<sup>110</sup>

During the 1981 campaign, Dr. Koop, Chief of Surgery at the Children's Hospital of Philadelphia, received a call from an aide to North Carolina Senator Jesse Helms regarding his availability for the position of Surgeon General for a new Republican presidential administration. The following day Koop received another call from a Reagan-Bush campaign worker also concerning the Surgeon General position. The presidential election was fifteen weeks away, but Koop stated his possible availability in the event of a Reagan win. As the 1980 election resulted in Reagan's assumption of the presidency, Koop took advantage of the opportunity presented to him fifteen weeks prior. To each previous caller Koop stated, "When we last spoke, I said in reference to the appointment of Surgeon General that I 'might be available.' I would like to change that now to 'enthusiastically seeking.'" Due to his public position against abortion and euthanasia, Koop's medical past made him an attractive nominee for Surgeon General. However, looking back at his nomination, Koop confessed, "I didn't know for certain what the Reagan people had in mind, but in hindsight it is clear they saw the Surgeon General's job primarily as a means of promoting their social agenda – especially pro-life and family issues."<sup>111</sup> Both Koop's supporters and opponents viewed his confirmation as a political issue, disregarding his medical accomplishments. Taking matters into his own hands, Koop aggressively pursued the position by exhausting any inside connections leading to Reagan.

<sup>110</sup> U.S. Department of Health and Human Services, "History of the Office of the Surgeon General," *Surgeon General. Gov*, accessed December 7, 2017, <https://www.surgeongeneral.gov/about/history/index.html>.

<sup>111</sup> Koop, 13-14.

In December of 1981, Koop underwent a successful interview with President Reagan's transition team. But weeks later, a Pentecostal Christian group purchased television time to run segments of a movie Koop had starred in called *Whatever Happened to the Human Race?* The movie's segments reflected Koop's stringent opposition to abortion, which provoked Planned Parenthood, the National Organization of Women, and the American Medical Association to fight his nomination. In January, during the annual pro-life march in Washington, D.C., a select group of Koop's supporters visited the White House to advocate for his nomination. Despite Koop's criticism of the Reagan administration in mostly nominating him for his conservative sympathies, he also acknowledged that it helped him get the Surgeon General position he desperately wanted. "I have to be grateful to all these people who spoke so well of me, even though some of them could not walk the whole distance with me during my years as Surgeon General."<sup>112</sup> Koop later recognized that he lost many of those that had initially supported his confirmation after he publicly combated the AIDS epidemic. Koop's stance on AIDS did not appeal to the conservative sympathies that many of his first advocates respected.

During Koop's confirmation hearings, the press unforgivingly portrayed the possible Surgeon General as not having real influence in the Reagan administration. In May of 1981, *The New York Times* published an article questioning Koop's legitimate role as Surgeon General. The article stated, "In an interview after his nomination, Dr. Koop said that he would control the National Institutes of Health, the Health Resources Administration, the Centers for Disease Control, the Alcohol, Drug Abuse, and Mental Health Administration and other components of the Public Health Service. In fact, the department officials say, he will have no such authority. The

<sup>112</sup> Koop, 169.

duties of Dr. Koop as Surgeon General remain unclear.” The article demonstrated that those in opposition to Koop should not be worried about his possible confirmation, for, if confirmed, he had no authority to be in charge of any part of the Health and Human Services Department. The article continued to label Koop as just a conservative face for the position. “Knowledgeable officials in the Administration and in Congress say that even if Dr. Koop was ultimately confirmed, he would be given little real authority and would serve mainly to satisfy the ‘right-to-life’ groups who are politically allied with President Reagan.”<sup>113</sup> Koop never understood why organizations and people in support of abortion would oppose him so harshly, as the Surgeon General had no way to affect abortion.<sup>114</sup> Yet Koop kept his head down, spoke to few people, and allowed for the continued criticism of the press to run its course in order to pursue the Surgeon General position.

The Reagan administration and members of Congress, both conservative and liberal, assumed that Koop’s conservatism would carry over into all of the health issues he planned to tackle. Republican Senator Jesse Helms advocated for Koop as the next Surgeon General before Reagan was elected and he continued to fight for Koop’s confirmation within Congress, especially when the question of Koop’s older age hindered the process. “When the issue of my technically being too old for the position of Surgeon General surfaced, Senator Jesse Helms decided to deal with it quickly by the customary legislative maneuver of attaching a nongermane amendment to a bill before the Senate.”<sup>115</sup> The Republican majority within the Senate stood behind Koop’s

<sup>113</sup> Robert Reinhold, “The Surgeon General’s Pragmatic Boss,” *The New York Times*, May 19, 1981: C3.

<sup>114</sup> University of Washington Television, “Upon Reflection: America’s Family Doctor,” *Youtube*, accessed December 7, 2017, <https://www.youtube.com/watch?v=oIBxCrcMvZM>.

<sup>115</sup> Koop, 175.

appointment, but Democrats within Congress would not accept a new bill changing the age requirement for the Surgeon General without a fight. Democratic Congressman Henry Waxman, an outspoken advocate of abortion, became Koop's chief opponent. In an April 1981 *New York Times* article, Waxman stated, "Dr. Koop frightens me. He does not have a public health background, he's dogmatically denounced those who disagree with him and his intemperate views make me wonder about his, and the Administration's, judgment."<sup>116</sup> Waxman's efforts to destroy Koop's chances for confirmation were unsuccessful. In November of 1981, C. Everett Koop was sworn in as the Reagan administration's Surgeon General. Waxman was later thankful for his failure, as Koop became a resourceful ally in the fight against the AIDS crisis.

In August of 1981, Koop first learned of a deadly cancer affecting homosexual men. As Koop underwent a difficult confirmation process, his memoirs state "that if there ever was a disease made for a Surgeon General, it was AIDS." As the mouthpiece of the PHS, the Surgeon General was mandated to inform Americans about disease prevention and the promotion of health. "If ever there was a public in need of education and straight talk about AIDS, it was the American people." However, when Koop was sworn into office in November of 1981, he was completely cut off from any involvement with the disease. Assistant Secretary of Health Edward Brandt, Koop's immediate superior, communicated to Koop that he would not be covering the disease or be asked to join a 1983 Executive Task Force on AIDS. The lack of involvement embarrassed the Surgeon General, as other members of the PHS speculated that personal dislike between Brandt and Koop was the source of the issue. Yet, when Koop addressed the rumor with Brandt, he denied the suggestion, but never ended Koop's marginalization. Koop expressed his confusion with his

<sup>116</sup> Bernard Weinraub, "Reagan Nominee for Surgeon General Runs into Obstacles on Capital Hill," *The New York Times*, April 7, 1981: A16.

continued exclusion. “Whenever I spoke on a health issue at a press conference or on a network morning TV show, the government public affairs people told the media in advance that I would not answer questions on AIDS, and I was not to be asked any questions on the subject. I never understood why these peculiar restraints were placed on me.”<sup>117</sup> At the time, the Surgeon General hoped his sidelining was due to labor delegation, but he quickly realized he had to fight political battles in order to do his job. Therefore, the nation’s top health advisor was prevented from addressing the most urgent health crisis during President Reagan’s first term.<sup>118</sup>

Unable to speak about AIDS, Koop devoted himself to the issue of smoking for his first four years in the White House. Inspired by former Surgeon General Luther Terry’s 1964 report on the hazards of smoking, Congress insisted that an annual Surgeon General report on smoking and health be submitted to the Secretary of Health, the Speaker of the House of Representatives, and the president of the Senate. Koop began to familiarize himself with the health risks involved in tobacco and nicotine use in order to create his own report. “I did not assume the position of Surgeon General with the clear intention of being such an active opponent of tobacco, but after I studied the incontrovertible truths about the health hazards of smoking, and then at first dumbfounded and then plainly furious at the tobacco industry for attempting to obfuscate and trivialize this extraordinarily important health information, I couldn’t help but become an outspoken adversary.” Koop’s first step in his anti-smoking crusade came with the 1982 *Surgeon General’s Report on Smoking and Health*. The report detailed the obvious connection between smoking and cancer and explained the dangers associated with passive smoking. Taking a stand on smoking and tobacco

<sup>117</sup> Koop, 248.

<sup>118</sup> U.S. National Library of Medicine, “The C. Everett Koop Papers,” *Profiles in Science*, accessed November 30, 2017, <https://profiles.nlm.nih.gov/ps/retrieve/Narrative/qq/p-nid/87/p-docs/true>.



use gave Koop his first major exposure on television and it helped him earn back the credibility he lost from his tough confirmation hearings. Koop continued to dedicate more time to attacking the tobacco industry and smoking prevention than any other Surgeon General before him. He issued annual Surgeon General reports throughout his eight years in office, making the fight to decrease the percentage of American smokers his personal campaign.<sup>119</sup>

In 1985, after increased popularity and exposure due to his stand on smoking, Koop received overwhelming support from the public to get involved with combating AIDS. Within his memoirs, Koop described a coordinated campaign to get him involved with the AIDS issue. Koop did not attribute the campaign to a specific group, but he received overwhelming support through telegrams and postcards. “In the midsummer of 1985, the HHS [Health and Human Services] secretary’s office was inexplicably deluged with telegrams asking why the Surgeon General was being muzzled on AIDS. These were followed by more than five thousand postcards, each demanding that I be unmuzzled.” Public concern and the fear of the spread of the disease provoked Americans to write to the Surgeon General regarding stricter immigration to keep homosexuals from entering the country and outlawing homosexuals from working in contact with children, food, and in hospitals. As members of Reagan’s first term left and new people filled their positions, Koop seized the opportunity to fill the absence of AIDS leadership in the administration in an effort to answer the American people’s questions concerning the epidemic. In July of 1985 HHS meeting, Koop mentioned the difficulties he faced concerning the large number of requests he received to speak out on AIDS. Koop also asserted, “I had even been forced to decline invitations to provide private briefings on health issues for senators and congressmen. It was embarrassing for the Surgeon General to be unable to discuss a major national health issue with the nation’s

<sup>119</sup> Koop, 212, 218, 209, 211.

elected representatives.”<sup>120</sup> James O. Mason succeeded Edward Brandt as Assistant Secretary of Health and he, at last, allowed Koop to join the AIDS Task Force. Koop’s new access to AIDS information permitted him to use the influence of his office and reputation to address the public’s questions about the epidemic.

Unfortunately, Koop’s first public comment on the AIDS crisis came as an answer to a spur of the moment question during an October 1985 segment of *The Today Show* on the topic of domestic violence. Koop explained, “Before the show the producer asked me if I would discuss AIDS. Because it was too large an issue to discuss credibly in a sound bite, I said that no, I would stick to the violence issue. On the set, after I shared my concerns about family violence, Bryant Gumbel smugly opined that 4 million people injured in family violence wasn’t much of a public health issue, and then asked me a question on AIDS.” Koop answered Gumbel’s question briefly with a hint of annoyance with the host’s discourtesy. In an effort to correct his unprepared answer on *The Today Show*, Koop made sure his first printed statement addressed the issues as he viewed them. In a November 1985 issue of *Christianity Today*, Koop recalled, “I stated for the first time my oft-repeated conclusion that in preventing AIDS the moralist and the scientist could walk hand in hand.” This assertion reflected Koop’s conservative sympathies, as he felt the scientist and the moralist advocated for the same measures, even if for different reasons. The hope was Christian compassion for those afflicted by AIDS would carry into support for measures to prevent the spread of the disease, even if these measures involved education over abstinence.<sup>121</sup> Yet Koop’s comment served as a nod to the religious right and to conservatives that abstinence proved the best cure for the disease.

<sup>120</sup> Koop, 255-256.

<sup>121</sup> Koop, 255, 257, 267.

## **Conclusion**

The government's response to the AIDS epidemic varied from proponents for action like Congressman Henry Waxman and attempts to avoid providing funding for research or educating the public like Senator Jesse Helms. Congressman Waxman sought to challenge members of Congress and the Reagan administration for the allocation of funds for AIDS research. Waxman faced obstacles from more conservative congressional members worried about the spread of homosexual practices. Senator Jesse Helms expressed his concern in educating the public about homosexual sex, even though it was in an effort to hinder the spread of AIDS. These conflicting efforts for action and inaction exemplified the partisanship surrounding the epidemic, as more conservative members of the government neglected to support meaningful movement towards combating the disease and helping the already afflicted.

Similarly, the Reagan administration failed to take the AIDS epidemic seriously, as demonstrated by President Reagan's Deputy Press Secretary Larry Speakes and Secretary of Health and Human Services Margaret Heckler. Speakes and Heckler both represented the Reagan administration's careless stance on the AIDS epidemic, but they sought to convince the public that President Reagan viewed AIDS as an important domestic matter. Yet in a 1985 press conference, President Reagan himself proved how detached he was from the true state of the epidemic by hinting to the public that AIDS could be spread through casual touch. The CDC proved this information incorrect two years early, but as a nod to conservatives, President Reagan did not appropriately entertain the AIDS issue.

The appointment of C. Everett Koop to the position of Surgeon General also served the interests of conservatives due to his views on abortion and euthanasia. Democrats fiercely opposed confirmation of Koop and media sources depicted him as unqualified for the role of Surgeon

General. After Koop assumed his position, he proved his former opponents wrong by successfully advocating for smoking prevention within the United States. Unlike other members of the Reagan administration, Koop felt obligated to speak out about the AIDS epidemic. He felt it his duty as Surgeon General to serve as the public's doctor, regardless of the characteristics of the communities suffering. Koop's determination to actively fight AIDS proved to differ from other government responses, as he pushed for the publication of AIDS information and education to hinder the epidemic's spread.

### **AMERICA'S DOCTOR**

In February of 1986, the Navy band marched into the Department of Health and Human Services to serenade the department workers with a few bars of "Hail to the Chief" before President Reagan appeared. The surprise Presidential visit to the department caught the Secretary of Health,

Otis Bowen, and various health officials off guard. In particular, they did not expect Reagan to affirm that control of the AIDS epidemic be of extreme importance within the department. In his memoirs, Koop described Reagan's indirect appeal on that February afternoon: "Reagan announced that he wanted AIDS to be a top priority in the department and was looking forward to the day when there would be a vaccine. He then declared that he was asking the Surgeon General to prepare a special report on AIDS. That was it. There was never any formal request. It's a good thing I was there and paying attention."<sup>122</sup> Reagan's unprecedented visit marked a shift in Koop's increased involvement with the AIDS epidemic. The Surgeon General's Report on AIDS, which he would release in the fall of 1986, would finally allow Koop to speak out on the disease at length.

The next day, Koop got to work on writing the report and he was determined to tell the scientific truths about the state of the epidemic. In the past year, the CDC had reported 11,737 cases of AIDS and 5,812 deaths. As Surgeon General, Koop wanted to address AIDS prevention with the same determination he had addressed the public about smoking. Yet, he knew that certain aspects of AIDS prevention, such as condom use and clean needle programs for drug abusers, would not be well received by some including the Reagan administration. Significant portions of Reagan's supporters were anti-homosexual, anti-drug abuser, and anti-sex education. Koop's memoirs state, "These people would not respond well to some of the things that have to be said in a health report on AIDS. I [Koop] said then – and I repeated it frequently – that the Surgeon General was the Surgeon General of homosexuals as well as of heterosexuals and of the promiscuous as well as of the moral."<sup>123</sup> As a man of Christian faith, Koop understood those that strongly disapproved of the behavior that led to the contraction of AIDS. However, he viewed his

<sup>122</sup> Koop, 258-259.

<sup>123</sup> Koop, 258-259.

responsibility as a physician to save lives and his duty as a Christian to show compassion to those inflicted. Therefore, Koop's report sought to halt the spread of AIDS by informing the American people with accurate and complete education, despite political and personal obstacles.

In order to write an accurate report, Koop remained in touch with all national groups concerned about AIDS. These groups included The National Hemophilia Foundation, National Coalition of Black Lesbians and Gays, The Christian Life Council of the Southern Baptist Convention, the National Education Association, and many other organizations. Reflecting on his meetings with these groups in his memoirs, Koop stated, "I wanted to make sure they knew what I was doing, and I wanted none to say, after the report was published, that they had been blindsided or kept in the dark. There would have been no AIDS report without the cooperation of the many groups who traveled to Washington to meet with me. But at the same time I had to make sure that the report was independent and objective, that it was *my* report." For example, as Koop met with religious institutions promoting abstinence and willing to engage in a conversation about AIDS, Koop recognized that these institutions, specifically The Christian Life Commission of Southern Baptists, were naive about how the disease spread through sexual transmission. Yet in a letter addressed to Koop in September of 1986 from the Southern Baptists, the group stated, "We applaud your commitment to bringing forth a factual, candid report warning the nation of the many dangers posed to our citizens. We will strive to contextualize the problem within our Christian tradition's emphasis upon monogamy, sexual fidelity, drug-free living, and resistance to promiscuous life-styles."<sup>124</sup> While Koop personally agreed with these Christian convictions, he

<sup>124</sup>Larry Braidfoot to C. Everett Koop, 5 September 1986, in *The C. Everett Koop Papers*, accessed March 1, 2018, <https://profiles.nlm.nih.gov/ps/retrieve/Narrative/QQ/p-nid/87/p-docs/true>.

worked to write his report as objectively as possible. The Surgeon General communicated to The Christian Life Commission that his report would discuss sexual education in ways they might find uncomfortable, but Koop challenged the Commission to compose their own sexual education curriculum for their constituents. Six months after their meeting with Koop, the Commission followed the Surgeon General's advice and issued their own curriculum on human sexuality.<sup>125</sup>

However, other religious groups were not as cooperative as The Christian Life Commission of Southern Baptists. Koop sought the support of the Roman Catholic Church, despite his recommendation of condoms as a form of disease control within his report. In a conversation with New York Cardinal John O'Connor, Koop referenced previous statements from Pope John Paul II on euthanasia and related them to the Catholic Church's possible acceptance of condom use. "Several years ago, in a communication about euthanasia, the Pope made a remarkable statement about the use of morphine in the treatment of intractable pain. The repetitive use of morphine in such a situation might hasten death but alleviate suffering. The Pope said, in reference to the morphine, 'It is not the means used but the intent of the heart.' Therefore it seems to me that under some circumstances even a Roman Catholic should see the use of a condom as a moral act."<sup>126</sup> In the Surgeon General's view, accommodations could be made for married couples in which one partner became infected with the AIDS virus through a blood transfusion. Left with the choices of risking death by continuing a loving relationship or remaining abstinent for the remainder of their marriage, the couple would use condoms as the means, but with the intent of the heart.

<sup>125</sup> Koop, 261-263.

<sup>126</sup> Koop, 266.

Despite Koop's rationalization of the issues at hand, he realized his report would never receive the support of the Catholic Church. A few days before Koop released his final draft of the Surgeon General's Report on AIDS, Pope John Paul II issued a stringent denunciation of homosexuality. In his memoirs, Koop expressed his disappointment but also understanding. "I concluded that the Catholic Church in the United States, even if it agreed with my position on the health issues, would not be inclined to take a position that might appear to be at odds with the papacy. I sympathized with the church's theological position, but as health officer I had hoped that they could have accommodated the health crisis, especially where it concerned non-Catholics. I was disappointed but tried to understand the dilemma they must have faced."<sup>127</sup> Therefore, Koop hoped for the compassion dedicated to the sick and diseased that religious groups typically encouraged. In this case, religious groups seemed supportive of helping AIDS victims and drug abusers, but not through promoting condom use or clean needles.

Koop was also highly aware of the misinformation influencing public opinion on AIDS and he knew his report had to address the fears of Americans. The issuing of the report served to combat conspiracy theories involving the Reagan administration's lack of attention to the epidemic. Both conservatives and homosexual activists faulted the Reagan administration for not taking action in order to protect the opposing side. Koop recalled, "One side [conservatives] accused the government of not leveling with the public, conspiring with the homosexual community to 'cover up' the epidemic. If ever there were an administration that would not conspire with homosexuals, it was Reagan's. On the other side, the homosexuals and their advocates accused the government of conspiracy to do nothing, to allow the disease to decimate the

<sup>127</sup> Koop, 266-267.



homosexual community.”<sup>128</sup> The Surgeon General’s Report would work as an effort to save the Reagan administration from rumors of inaction and concealment of AIDS information and sought to communicate accurate evidence about the disease to stop unnecessary discrimination against the homosexual population. Koop understood the contrasting parties’ need for the report, but he remained focused on using American’s fear to save lives.

Yet in his memoirs, Koop recalled feeling uncomfortable with the confusion of a silent Reagan administration compared to the serious tone that his report would convey. Koop suggested to Jack Svhan, domestic policy advisor to the president, that they make a connection between the AIDS epidemic and First Lady Nancy Reagan’s “Just Say No” campaign to combat drug abuse. Due to the fact that drug users were an expanding group of AIDS victims, Koop also saw the campaign as an opportunity for Reagan to publicly speak about the epidemic. Koop made his pitch. “Jack, everyplace I go I am called upon to defend the administration for some perceived mismanagement of AIDS. This is especially true of the president because of his silence on the greatest health threat of the century. If he would tie AIDS in with the first lady’s drug initiative about to be launched, he would win tremendous praise not only for speaking out but also for being innovative with the IV drug spread of AIDS.” In response to his request, Svhan told the Surgeon General that President Reagan had accepted the idea of tying the two issues together and appreciated the input. However, when the “Just Say No” campaign launched, AIDS was never mentioned. Koop learned later through one of his White House contacts that Reagan’s advisors were not interested in doing anything about AIDS and they counseled the president to leave the epidemic out of the campaign. “AIDS was a grim and controversial subject, so they were not going

<sup>128</sup> Koop, 256.

to allow the president to get involved in it. As they said, ‘Just Say No’ is a win-win; AIDS is ‘no-win.’”<sup>129</sup> Reagan continued his silence on the epidemic, despite his assertion that AIDS was the top health priority of his administration. Realizing the Reagan administration’s now obvious disinterest in the epidemic, Koop understood that he would be the true mouthpiece for the administration on the issue of AIDS.

In August of 1986, Koop began writing the first draft of the Surgeon General’s Report on AIDS. Throughout the writing process, Koop was very selective with whom he allowed to read each of his drafts. Experience had made him skeptical of pushing his work through the regular bureaucratic procedure. “I knew how the normal clearance process sanitized and watered down the message of many a draft document, and I knew my AIDS report would never have the necessary impact if it had to pass through too many hands in the Department of Health and Human Services and the White House.”<sup>130</sup> Therefore, when Koop wrote the final and seventeenth draft of the report, it had only be seen by his wife, Betty Koop, chief AIDS researcher at the NIH Tony Fauci, and the Assistant Surgeon General Jim Dickson. After the completion of his seventeenth draft, Koop sent his report to the Government Printing Office in preparation for presenting his findings before the Domestic Policy Council. Established by Executive Order in 1933, the Domestic Policy Council monitored implementation of the President’s domestic agenda.<sup>131</sup> Thus, Koop particularly worried about criticism from the Council, as he already knew how most members in the Reagan administration only focused on the politics of the epidemic.

<sup>129</sup> Koop, 268.

<sup>130</sup> Koop, 259.

<sup>131</sup> “Domestic Policy Council,” *The White House: President Barrack Obama*, accessed March 1, 2018, <https://obamawhitehouse.archives.gov/administration/eop/dpc>.

In an effort to keep his report intact, Koop did all he could to dissuade the Domestic Policy Council from urging him to rewrite the report. The Surgeon General knew that the Council liked avoiding spending a lot of money, so he decided to take a psychological gamble. The original plan for the printing of the report included 2 million copies of a thirty-six-page brochure on cheap paper; however, Koop also ordered 1,000 copies printed on quality glossy stock, with a royal blue cover imprinted with the seal of the Public Health Service in silver, and across the top the title: *The Surgeon General's Report on Acquired Immune Deficiency Syndrome*. Koop recalled, "I figured that if the Domestic Policy Council were handed a pamphlet shrieking expensive paper and printing, they might be disinclined to make changes because of the cost of reprinting. I think it worked."<sup>132</sup> As Koop explained the report in a rather broad manner, the Domestic Policy Council provided little discussion concerning the report's contents. The meeting adjourned with the Council members in consensus about Koop presenting his findings at a future press conference, which the Surgeon General considered a huge success.

On October 22, 1986, Koop called a press conference to deliver *The Surgeon General's Report on Acquired Immune Deficiency Syndrome*. He began his report with an honest statement to grab the public's attention: "My report will inform you about AIDS, how it is transmitted, the relative risks of infection and how to prevent it. It will help you understand your fears. Fears can be useful when it helps people avoid behavior that puts them at risk for AIDS. On the other hand, unreasonable fear can be as crippling as the disease itself."<sup>133</sup> Koop used simple language to

<sup>132</sup> Koop, 269.

<sup>133</sup> C. Everett Koop, "Surgeon General's Report on Acquired Immune Deficiency Syndrome," *The C. Everett Koop Papers*, accessed March 1, 2018, <https://profiles.nlm.nih.gov/ps/retrieve/Narrative/NN/p-nid/62/p-docs/true>.

communicate to the average citizen that panic should decrease among those not in danger of contracting the disease, but he also warned those engaging in high-risk behavior of the inevitable contraction of AIDS. The Surgeon General pointed out the obvious “unreasonable fear” that had taken over America due to the epidemic, without explicitly stating that the Reagan administration’s silence was a large part of the problem. The introduction to the report also addressed biases that readers might have with the majority of those being affected by the epidemic and the necessary information contained in the report. Koop explained, “Some Americans have difficulties in dealing with the subjects of sex, sexual practices, and alternate lifestyles. Many Americans are opposed to homosexuality, promiscuity of any kind, and prostitution. This report must deal with all of these issues, but does so with the intent that information and education can change individual behavior, since this is the primary way to stop the epidemic.”<sup>134</sup> Without trying to impose any judgments or bias, Koop let Americans know that they might be uncomfortable with the information included in the report, but he reiterated the idea that all of the facts were absolutely necessary for every American’s protection. More importantly, understanding the conservative attitude of the Reagan administration, Koop had to provide these types of disclosures to his readers, as to ensure approval by the administration’s Domestic Policy Council.

The body of the Surgeon General’s Report included material on how AIDS was caused, the signs and symptoms, and the lack of a cure. Koop listed the risky behaviors that led to the spread of AIDS, such as having multiple partners, sex between men, sex without protection, and injection of intravenous drugs into one’s body with an unclean needle. The report took effort to explain that even though the CDC discovered the disease within the homosexual population, AIDS

<sup>134</sup> Koop, “Surgeon General’s Report on Acquired Immune Deficiency Syndrome,” <https://profiles.nlm.nih.gov/ps/retrieve/Narrative/NN/p-nid/62/p-docs/true>.

was not just a disease inflicting homosexuals. Koop expressed the possibilities of the epidemic spreading throughout America, like other sexually transmitted diseases, if efforts to control the disease were not taken seriously. In describing ways to protect oneself from infection, Koop always stressed condom use between homosexual and heterosexual partners. One of the most effective ways to fight the spread of AIDS, Koop insisted, was AIDS education for children. “Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus.”<sup>135</sup> Koop felt it irresponsible not to educate the young, as he saw numerous lives in future danger of the disease. In terms of other groups that had the ability to contract AIDS, such as hemophiliacs or those in need of a blood transfusion, the Surgeon General asserted that the blood supply was safe due to blood donor screenings. Finally, the report reiterated the CDC’s finding that AIDS could not be spread through casual touch; therefore, quarantining the infected population would be unnecessary.

In closing the Surgeon General’s Report, Koop looked to address future questions involving the AIDS epidemic. The resounding message the report conveyed was AIDS’ ability to impact all Americans, if not physically than societally. “Its impact on our society is and will continue to be devastating. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred with 179,000 deaths within the decade since the disease was first recognized. In the year 1991, an estimated 145,000 patients with AIDS will need health and supportive services at a total cost between \$8 and \$16 billion.”<sup>136</sup> The amount of loss that AIDS could inflict on the American

<sup>135</sup> Koop, “Surgeon General’s Report on Acquired Immune Deficiency Syndrome,” <https://profiles.nlm.nih.gov/ps/retrieve/Narrative/NN/p-nid/62/p-docs/true>.

<sup>136</sup> Koop, “Surgeon General’s Report on Acquired Immune Deficiency Syndrome,” <https://profiles.nlm.nih.gov/ps/retrieve/Narrative/NN/p-nid/62/p-docs/true>.

population could change society economically and politically. The epidemic was no longer a homosexual, hemophiliac, or drug abuser's disease. The spread of AIDS needed to be taken seriously by all Americans. Koop ended his thirty-six-page report with a final assurance to the public that he would continue to update them with the most accurate and timely information on the status of the epidemic.

The brevity of the report and the clarity of its main points allowed reporters to read it themselves and ask Koop any follow up questions. Koop recalled being asked a question regarding what specific age he thought sex education should start being taught in schools. He replied, "The third grade." In the moment, Koop did not think much of the question. However, "the press conference television lights had barely been switched off when I was immediately and witlessly accused of advocating the teaching of sodomy to third-graders and passing out condoms to eight-year-olds." In his memoirs, Koop defended his statements by recognizing a parent's need to understand that children receive information about sex from television, advertisements, and peers frequently. He found it more beneficial if parents and educators had open and frank discussions with children about sex education in an effort to correct any learned misconceptions. Koop claimed, "I firmly believe that if parents accepted their responsibilities in sex education, if they worked with their schools, churches, and civic associations, then sex education curricula would teach kind, loving, considerate, and caring relationships in a family context. We might be able to turn out a generation of teenagers less sexually active – and less at risk – than the present one."<sup>137</sup> Koop remained adamant in his belief that sex education was one of the most essential ways in

<sup>137</sup> Koop, 272.

fighting the epidemic. He hoped that parents and educators would understand his reasoning in advocating for proper sex education in the midst of the AIDS epidemic.

On October 27, 1986, *The Washington Times* published an unforgiving op-ed in response to Koop's suggestion about sex education within his report and at the press conference. Entitled "Flying the Koop," the article stated, "A compelling case can be made, on the other hand, that some children are harmed psychologically when given sexual information at too tender an age. As a result of its transfer of parental roles to institutions – which would be a dubious project even if it attained its advertised objectives – the present generation may be raising its children as emotionally handicapped misfits."<sup>138</sup> *The Washington Times* opposed Koop's suggestion that education at the earliest age possible would be the most effective form of AIDS education. Instead, the newspaper suggested that children would suffer from mental and emotional trauma if they learned about sex too soon. A January 1987 issue of the *Conservative Digest* discussed similar complaints. The *Digest* stated, "Problems such as AIDS result from a lack of moral training and restraint of the sort which the schools are neither qualified nor (at least in the case of *government* schools) *allowed* to advocate. It is the right and responsibility of *parents* to instruct their children in this unusually sensitive area, and if some parents neglect that duty, commandeering the rights of all parents is hardly the solution [emphasis in original]."<sup>139</sup> The consensus amongst conservatives was that the government had no business in developing a sexual education plan for children. The ultimate fear was the corruption of children's minds and possible encouragement to experiment.

<sup>138</sup> "Flying the Koop," *The Washington Times*, October 27, 1986: 1.

<sup>139</sup> Robert W. Lee, "Sex Education is Just No Business of the Government," *Conservative Digest*, January 1987: 93. [emphasis in original]

Even though Koop faced tough opposition from media outlets, he was not without his supporters in the press backing up his advice. On October 24, 1986, *The Washington Post* published “A Doctor’s Good Advice” to reinforce Koop’s insight on AIDS described in the Surgeon General’s report. The article explained, “Dr. Koop’s statement sets a standard for other government officials – federal, state and local – in dealing with AIDS and its victims. Without a hint of mean-spiritedness or hesitation, he says three things. We must help and not condemn those who suffer. We must take precautions against the spread of AIDS. We must educate our children about the dangers of this disease. That’s good advice, and it should be heeded.”<sup>140</sup> *The Washington Post* not only supported early sex education, but also maintained that those suffering from the disease should not be condemned for their behavior. The *Post* applauded Koop for approaching such a sensitive subject with medical judgments, rather than moral ones. The next day, October 25, *The New York Times* also published an article advocating for Koop’s message. The opening paragraph stated, “Even after 26,566 reported cases and 14,977 deaths, Americans tend to whisper when they talk about AIDS. Welcome, therefore, the loud voice of Surgeon General C. Everett Koop. His is a message Americans need to hear, and it rings with added credibility from someone of such rigorous stature in this Administration. No one needs to it more than this Administration’s Justice Department.”<sup>141</sup> Instead of its previous criticism of Koop as “doctor unqualified” during his confirmation hearings, *The New York Times* now referred to the Surgeon General as having a large amount of stature within the Reagan administration. The statements made by the press in

<sup>140</sup> “A Doctor’s Good Advice,” *The Washington Post*, October 24, 1986: A26.

<sup>141</sup> “Dr. Koop’s Decent AIDS Dissent,” *The New York Times*, October 25, 1986: 26.



support of Koop acknowledged that other areas of the Reagan administration had a lot to learn from the Surgeon General's approach to the epidemic and its victims.

The political response to the Surgeon General's report also varied, as Koop found himself at odds with some of his past conservative supporters. In 1981, Koop had undergone a grueling confirmation process in order to become the Surgeon General due to many liberals in opposition to his conservative sympathies. However, many of the same liberals, such as Congressman Henry Waxman, expressed praise and satisfaction towards Koop's report. In his memoirs, Koop stated his disappointment with those he considered his allies. "Suddenly I found myself praised by my former liberal adversaries and condemned by my former conservative allies. Of course, the praise was easy to accept, and it was especially gratifying when those groups and senators who had fought my confirmation now saw that I had done what I promised to do: anything I could for the health of the American people. But the opposition troubled me, especially because it often came from people whom I considered my friends."<sup>142</sup> Despite his discontent, Koop worked to take advantage of his newfound alliance with those on the left, while also trying to mend his relationships with those on the right. Most importantly, Koop knew he had to properly align himself with the White House to continue to get his message on AIDS to every citizen.

Due to his deep Christian values, Koop sought support from the religious right and decided to only speak only to religious groups for seven weeks straight in order to win over some of his new critics. "When I explained my plan to [win back] Jerry Falwell, he immediately invited me to speak in his church (to be televised over a broad network) and at Chapel Service at his Liberty University in Lynchburg, Virginia. I wanted to make clear the connection between my Christian

<sup>142</sup> Koop, 273.

faith, my commitment to integrity, and the opportunity AIDS presented the Christian community to demonstrate true compassion.”<sup>143</sup> The Surgeon General recalled speaking to other groups, such as the National Association of Religious Broadcasters and the Moody Bible Institute in Chicago, with much success in setting, what Koop considered, their judgmental thinking straight on AIDS. In commenting on his efforts in his memoirs, Koop realized that the church still had a long way to go on meeting the challenges that AIDS posed. Yet, he found some of the most productive assistance to people with AIDS came from religious groups all across the country.

Koop found reaching the White House much more difficult than his efforts to realign himself with conservatives. The Surgeon General remained worried about President Reagan’s lasting reputation concerning his handling of the AIDS epidemic for future history books. Koop recalled, “At least a dozen times I pleaded with my critics in the White House to set up a meeting between the president and me so he could hear my concerns about America and the AIDS epidemic. And for months I tried to cover for the embarrassing silence of the Oval Office on the scourge of AIDS. I kept telling myself the president had to speak out soon.” Yet White House aide Gary Bauer explained that Reagan wanted to move away from issues like sex education and condom use. Instead, the President was more comfortable declaring that the United States was suffering from AIDS because it abandoned its traditional morality. Koop did not disagree with the President’s conclusion, but felt the country would not – indeed could not – accept this as an answer to a national health threat.<sup>144</sup>

<sup>143</sup> Koop, 278.

<sup>144</sup> Koop, 283-284.

In May of 1987, actress Elizabeth Taylor, founder of AMFAR with Dr. Mathilde Krim in 1985, asked President Reagan to speak at the American Foundation for AIDS Research (AMFAR), where he and the First Lady were guests of honor. The day before the president delivered his speech, he invited Koop and other member of the Department of Health and Human Services to a full Cabinet meeting devoted primarily to AIDS. Within the meeting, the Surgeon General chose the best seat in the house, as he had the President's direct line of eye contact, even though he sat in the row of chairs once removed from the table. Looking back in his memoirs, Koop explained his consistent system to earn Reagan's attention. "Whenever the president had a query that I wanted to answer, or whenever a Cabinet member made a statement I wanted to reinforce or rebut, I raised my right index finger beside my nose and almost imperceptibly nodded toward the president. It was like silent bidding at an auction; no one except Reagan could see me." This successful system allowed to Koop to finally speak to Reagan about all of the AIDS information he had comprised with his report. Most importantly, the discussion covered mandatory testing discrimination, segregation of HIV-positive prisoners, and testing of aliens and immigrants.<sup>145</sup> At the end of the Cabinet meeting, the Surgeon General felt confident that the President would have the necessary information to deliver an AMFAR speech that would reflect public health policy and not the contrary advice and positions of his advisors.

President Reagan said the word "AIDS" publicly for the first time at the AMFAR Awards Dinner in Washington D.C., six years after the beginning of the epidemic. When the President stood behind the podium and began his speech, he assured the audience of the federal government's attention and funds toward the epidemic and emphasized AIDS education. However, Reagan

<sup>145</sup> Koop, 291.

began to get into the controversy of routine testing which sparked anger from the crowd. Reagan stated, “I’ve asked the Department of Health and Human Services to determine as soon as possible the extent to which the AIDS virus has penetrated our society and to predict its future dimensions. I’ve also asked HHS to add the AIDS virus to the list of contagious diseases for which immigrants and aliens seeking permanent residence in the United States can be denied entry.”<sup>146</sup> The audience responded with numerous “Boos” and hostility. Dr. Melvyn Silverman, President of AMFAR, commented on Reagan’s speech. “I spent a lot of time with his speech writer, and so the first half he was saying the things that I thought the President should be saying. Unfortunately, the back half was really about testing everybody, and what came out was the controversy. At that time, a number of people got up and turned their backs, which probably had never happened before. I think it was quite a statement, and it was an appropriate statement.”<sup>147</sup> Reagan’s speech exemplified a political solution to what was considered a political problem. His emphasis on routine testing created a politically comfortable stance for his supporters and himself; however, it was a stance that allowed the death toll to rise.

Koop observed Reagan’s address and the reaction of those in attendance at the AMFAR gala. Despite some booing and dissent from the crowd at the mention of routine testing, Koop expressed his satisfaction with Reagan’s speech. He stated, “Reagan’s excellent speech – the key sentence was that we would *offer* routine testing – laid to rest the danger of mandatory testing and

<sup>146</sup> Ronald Reagan Presidential Library and Museum, “Remarks at the American Foundation for AIDS Research Awards Diner,” *Public Papers of Ronald Reagan*, accessed August 21, 2017, <https://reaganlibrary.gov/archives/speeches/14-archives/speeches/10459-may-1987>.

<sup>147</sup> CNN, “The Eighties: The Fight Against AIDS,” <https://www.netflix.com/search?q=the%20ei&jbv=80128317&jbp=0&jbr=0>.

kept the federal government off the wrong road on AIDS.”<sup>148</sup> As often as Koop referenced his annoyance with the Reagan administration’s silence on the epidemic in his memoirs, he found Reagan’s AMFAR speech to be the watershed moment for the President’s handling of the crisis. Years later, the Surgeon General remained critical of the Reagan administration, but he did not unequivocally state that the administration mishandled the epidemic completely. Just as Koop did not speak out about AIDS right away, he found Reagan’s eventual statements on the disease to be better late than never.

### **Conclusion**

As previously stated, the purpose of C. Everett Koop’s memoirs was to paint him in the best light possible. Yet other contemporary sources support the significant role Koop played in drawing national attention to the AIDS epidemic. While Koop consistently mentioned his want to speak out about AIDS was held back by the Reagan administration, he was able to write *The Surgeon General’s Report on Acquired Immune Deficiency Syndrome* due to Reagan’s surprise announcement at the Department of Health and Human Services. The contents of the report served as the first sufficient effort from a government health agency to spread awareness about the accurate contraction of AIDS and proper protection. Koop did not avoid specifically discussing homosexual intercourse and advocated for the education of children to prepare them for the future.

Some of Koop’s conservative allies disagreed with contents of his report, as they worried about giving government the role of teaching sex education. While Koop sought to reconcile himself with former conservative friends, liberal members of government that originally opposed Koop’s confirmation as Surgeon General supported his report. However, Koop found it most

<sup>148</sup> Koop, 291.

important to stabilize his connection to the White House. In 1987, Koop helped President Reagan prepare his remarks for the AMFAR Awards Dinner. Koop felt confident in the contents of the president's speech, even though the crowd at the event did not respond positively to all that Reagan had to say. Overall, President Reagan's speech was a watershed moment for the administration's handling of the AIDS epidemic. The president's inability to say the word "AIDS" publicly until six years after the initial outbreak of the disease demonstrated the strong influence that partisanship could hold over health issues. In order to preserve the support of his conservative supporters, President Reagan neglected to address the AIDS epidemic as a disease primarily affecting the homosexual community.

### **THE IMPLICATIONS OF PARTISAN HEALTH ISSUES**

Politicization of health issues continues to hinder the government and health agencies from taking meaningful action. In recent decades, gun violence has been a highly politicized issue that the CDC has essentially been banned from studying. In 1996, Congress passed the Dickey Amendment, named after Republican Congressman Jay Dickey of Arkansas. The amendment was an additional provision added to an omnibus spending bill stating, “none of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used to advocate or promote gun control.”<sup>149</sup> The language of the amendment did not specifically ban gun violence research, but at the same time the amendment passed, Congress lowered the CDC’s

<sup>149</sup> Sarah Zhang, “Why Can’t the U.S. Treat Gun Violence as a Public Health Problem?,” *The Atlantic*, accessed April 23, 2018, <https://www.theatlantic.com/health/archive/2018/02/gun-violence-public-health/553430/>.

budget by the exact amount of money it spent on gun violence research. The passage of the amendment responded to the CDC's declaration that gun violence was a public health problem in 1992 and 1993. As the CDC conducted research on the increased risk of homicide in a home containing firearms, the National Rifle Association (NRA) attacked the CDC's results as politically slanted and illegitimate. Thus, the political might of the NRA influenced those in Congress to ignore the scientific evidence produced by the CDC to save lives and, instead, favored partisan opinion.

On December 14, 2012, a 20-year-old male named Adam Lanza entered Sandy Hook Elementary School in Newtown, Connecticut with an assault rifle. While Lanza was inside the school, he fatally shot twenty first-grade children and six adult women. In the aftermath of the shooting, a partisan debate took control of all news stations across the country. Liberals called for gun control and conservatives stood by their Second Amendment right to bear arms. The Sandy Hook shooting was no longer about the victims, but about the future of firearms within the United States. President Obama responded to the shooting by signing an Executive Order directing the NIH to fund and conduct research on gun violence. Unfortunately, the funding program lapsed, leaving scientists to apply for firearm research funding outside of the program. The incentive to do so was not appealing, as NIH funding to other areas of research signify the agency's priorities to scientists.<sup>150</sup>

The narrative of gun violence in America was not much different from the course of the AIDS epidemic. The debate between anti-gun supporters and pro-gun supporters mimicked the battle between gay activists pleading for government action to fight AIDS, while members of the

<sup>150</sup> Meredith Wadman, "NIH Quietly Shelves Gun Research Program," *Science Mag*, accessed April 23, 2018, <https://www.sciencemag.org/news/2017/09/nih-quietly-shelves-gun-research-program>.



New Right declared AIDS to be evidence of God punishing homosexuals for their sinful behavior. In both of these cases, partisanship controlled society's institutional reactions. The stigma of addressing a political issue deterred members of the medical community from conducting meaningful research on these topics. Political actors within Congress and presidential administrations use these health threats as partisan issues to further their agendas and rally their supporters. The media capitalized on these partisan debates and produced fear on both sides of the argument. Gun owners feared the loss of their weapons, while others worried about losing their lives in places they considered safe – especially schools and the workplace. Similarly, the heterosexual population expressed concern of contracting AIDS through physical touch and homosexuals demonstrated distress over possible discrimination. Meanwhile, the victims of these epidemics remained forgotten by the institutions created to protect and serve them.

Thus, the AIDS epidemic serves as an example of a health issue which morphed into a partisan debate due to the political climate of the decade. The Rise of the *New Right* brought Ronald Reagan to the White House for the beginning of the 1980s. A year later, the worst epidemic ever reported in the United States started to inflict and decimate the homosexual population, intravenous drug users, and hemophiliacs. The economic and social policy of the new Reagan administration clashed with the resources and attention that AIDS victims needed. The support for federal budget cuts and a return to traditional family values overshadowed the efforts of the CDC, gay activists, and even Surgeon General Koop in bringing significant attention towards combating the epidemic. Partisanship controls the bureaucratic process within various institutions, such as the U.S. government, health agencies, and media outlets, and it plays a substantial role in fighting health threats. The AIDS crisis of the 1980s should serve as a historical example of how partisan

debates and opinions polarize issues that put lives at stake. For future proper health policy, the wellbeing of Americans must always be placed above politics.

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